

# Bluegrass Family Health

651 PERIMETER DRIVE, STE. 300  
LEXINGTON, KY 40517  
FAX (859) 268-3511

## DIABETES EDUCATION NOTIFICATION FORM

Member Name \_\_\_\_\_

Member ID # \_\_\_\_\_

Treating Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

\_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Physician Fax Number \_\_\_\_\_

Diabetes Educator/Program Referred To: \_\_\_\_\_

\_\_\_\_\_

### Diagnosis: (Check One from Each Column)

Diabetes Type 1 \_\_\_\_\_ Newly diagnosed \_\_\_\_\_

Diabetes Type 2 \_\_\_\_\_ Previously diagnosed;  
needs additional education \_\_\_\_\_

Gestational Diabetes \_\_\_\_\_

Other (specify) \_\_\_\_\_

Notification, *only*, is required for diabetes education. No prior authorization is required.  
An authorization number is not necessary and will not be generated.

Notification is not a guarantee of payment, payment level or member eligibility. For benefit or eligibility information, please contact BFH Customer Service at 859-269-4475 or 800-787-2680.