



Date: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

RE: Blood Glucose Log Sheet

Dear Valued Customer,

Thank you for allowing Home Care Delivered to be your supplier of blood glucose testing supplies. Due to the amount of times you are testing each day, Medicare requires that you provide us with a log showing 30 consecutive days of blood glucose test results every 6 months. To assist in meeting this requirement, we have provided the enclosed log.

Upon receiving your testing supplies, please complete the enclosed log; if you already have your testing supplies, you may scroll through your meter's memory and log previous consecutive results, or you may log results going forward for the next month. If you need assistance scrolling through your meter's memory, we recommend calling the toll-free number displayed on the back of your meter to reach a specialist who can help to walk you through the process.

Once you have completed the log, including signature and date at the bottom please return it to Home Care Delivered in the enclosed postage paid envelope.

Should you have any questions please do not hesitate to contact us at 1-800-565-5644. Thank you in advance for your assistance with this matter, and thank you for trusting us with your business.

Sincerely,

Home Care Delivered, Inc.
Phone: 1-800-565-5644
Fax: 1-800-716-9586

Name: _____
 Address: _____
 City: _____, State: ____ Zip: _____



Blood Glucose Log Sheet

Thank you for choosing Home Care Delivered!

Medicare requires that you provide us with a log showing 30 consecutive days of blood glucose test results every 6 months. To assist in meeting this requirement, we are providing this log.

Once this form is complete, including signature and date at the bottom please return it to Home Care Delivered in the enclosed postage paid envelope. If you have any questions please do not hesitate to contact us at 1-800-565-5644. Thank you!

Please fill in your Medicare Identification Number:

Please fill in the testing log start date (mm/dd/yy):

Day	Result	Result	Result	Result	Result	Result	Result
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
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22							
23							
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26							
27							
28							
29							
30							

****Please sign and date below certifying that the above blood glucose testing information is complete and accurate.**

Patient Signature: _____ Date: _____