

Diabetes Exclusion Form

Member Name: _____

Member ID#: _____

Date of Birth: _____

This member meets the criteria below:

- Member has been diagnosed with and/or treated for gestational or steroid-induced diabetes in the current year or year prior (please attach medical record documentation)
- Member does not have diabetes (please attach medical record documentation)
- Member is being treated for diabetes

Please attach applicable medical record documentation.

Provider Signature: _____ Date: _____

Please fax the completed form to 312-508-7213.

Thank you for your cooperation in this important matter. Please call the MeridianComplete Quality Improvement department at **1-855-580-1689** if you have any questions.