Welcome to the Novo Nordisk Diabetes Center at CentraState Medical Center

We commend you for taking one of the most important steps toward the self-management of your diabetes—**education from a Certified Diabetes Care & Education Specialist (CDCES),** who will review the tools and information that are necessary to live well with diabetes.

PRIOR TO YOUR APPOINTMENT, WE STRONGLY ENCOURAGE YOU TO CONTACT YOUR INSURANCE COMPANY TO VERIFY COVERAGE FOR DIABETES EDUCATION.

Your insurance company may ask for the following information to better assist you:

Tax ID number: 221750190 **NPI number:** 1295718450

Common Billing Codes Used:
G0108 (Individual Assessment)
G0109 (Group Classes)
97802 (Medical Nutrition Therapy, Initial)
97803 (Med Nutrition Therapy, Follow-Up)

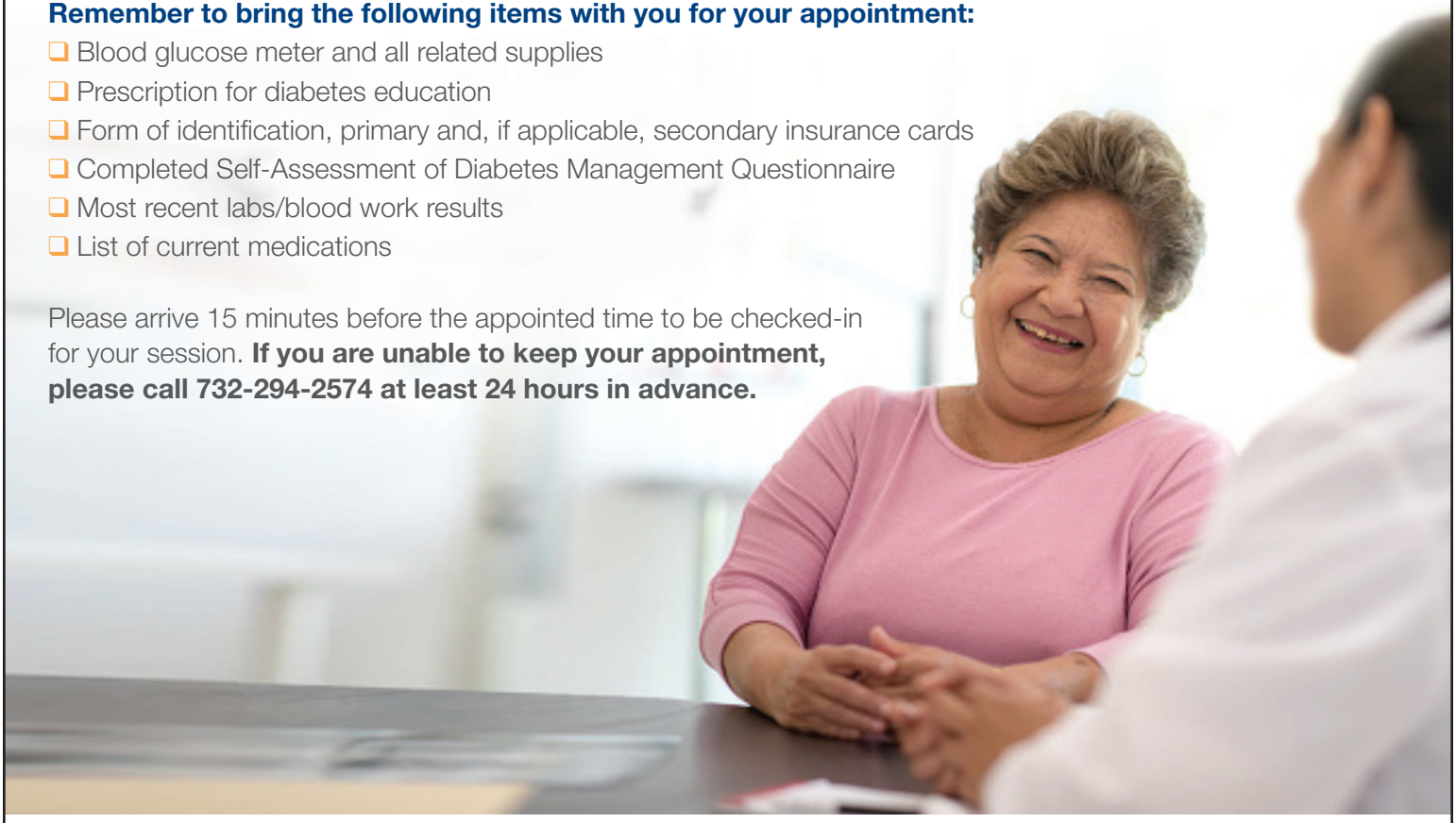
Here are a few examples of the questions you may want to ask:

- ❑ Are all the codes listed above covered?
- ❑ How many visits are allowed?
- ❑ Is there a deductible, co-insurance, and/or co-pay?

Remember to bring the following items with you for your appointment:

- ❑ Blood glucose meter and all related supplies
- ❑ Prescription for diabetes education
- ❑ Form of identification, primary and, if applicable, secondary insurance cards
- ❑ Completed Self-Assessment of Diabetes Management Questionnaire
- ❑ Most recent labs/blood work results
- ❑ List of current medications

Please arrive 15 minutes before the appointed time to be checked-in for your session. **If you are unable to keep your appointment, please call 732-294-2574 at least 24 hours in advance.**



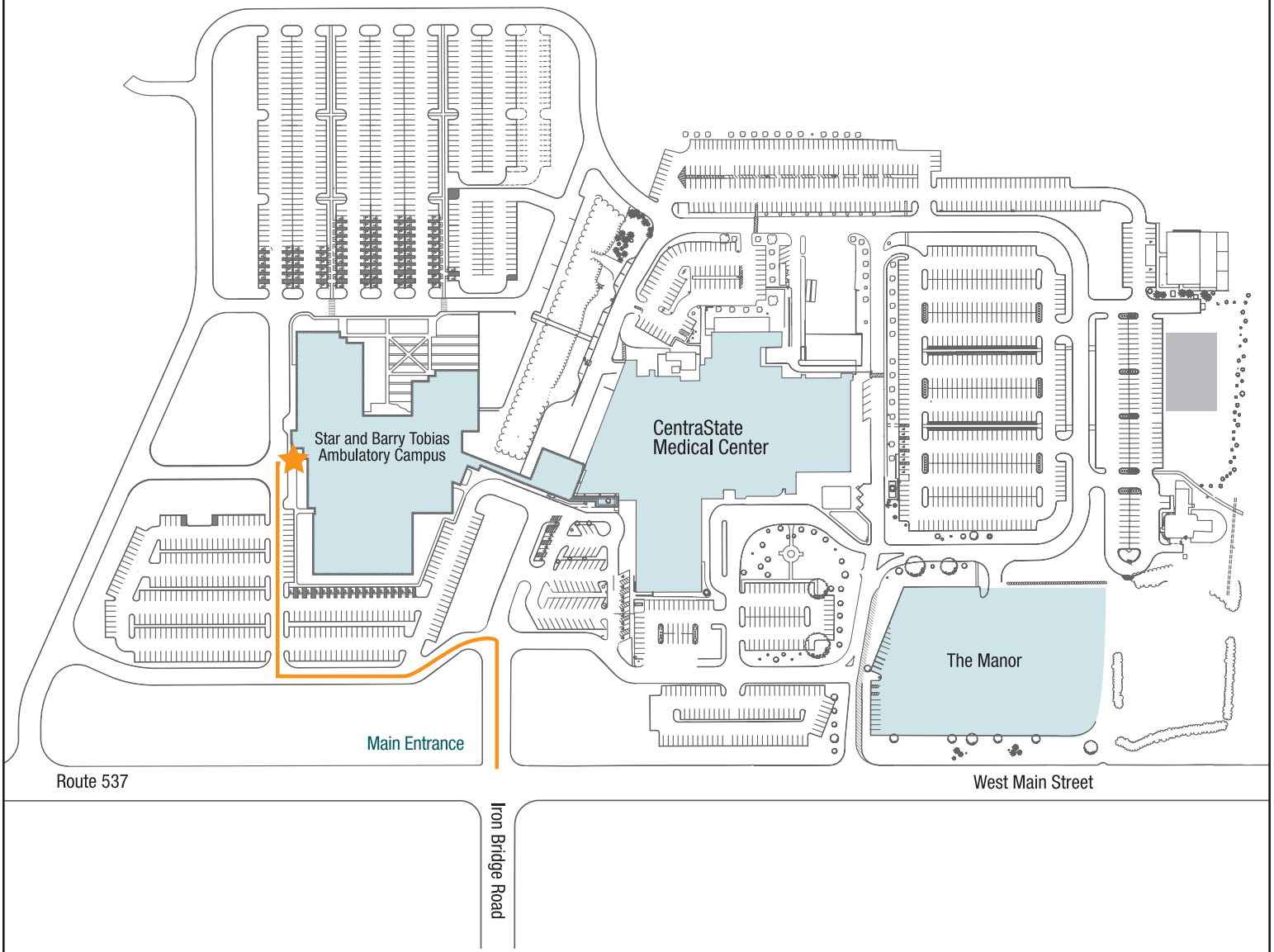
CentraState Healthcare System®
ATLANTIC HEALTH SYSTEM PARTNER

centrastate.com

Welcome to the Novo Nordisk Diabetes Center at CentraState Medical Center

We are located in the Star and Barry Tobias Ambulatory Campus at 901 W. Main St. Freehold, NJ.

For your convenience, we offer free valet parking, Monday through Friday, between 8am and 4pm. Parking is also available in the North Parking Lot.



CentraState Healthcare System®

ATLANTIC HEALTH SYSTEM PARTNER

centrastate.com

Self-Assessment of Diabetes Management Questionnaire

Please answer the following questions and return at or prior to your first visit. Your honest responses will help us focus on a plan to meet your goals.

Name_____ Date_____

Date of Birth_____ Age _____ Gender ❑ F ❑ M Height _____ Weight _____

Address_____ City _____ State _____ Zip _____

Email _____ Phone _____

Ethnic Background: ❑ Asian ❑ Black/African-American ❑ Hawaiian/Pacific Islander ❑ Hispanic ❑ White/Caucasian ❑ Native American-Alaska Native

1. What type of Diabetes do you have? ❑ Type 1 ❑ Type 2 ❑ GDM ❑ Other ❑ Don't Know

2. Explain your understanding of diabetes? _____

_____

3. Are you following a specific diet/meal plan? ❑ YES ❑ NO Choose type _____

4. Do you have any dietary or religious restrictions? ❑ YES ❑ NO List_____

_____

5. How often do you exercise? _____

6. Do you check your blood sugar? ❑ YES ❑ NO If YES, How often? ❑ 1-2/day ❑ 3-5/day ❑ >5/day

7. Do you experience low blood sugar? ❑ YES ❑ NO

8. Check tests completed in the past year? Check all that apply
❑ Dilated Eye Exam ❑ Urine Test for Protein ❑ Dental Exam ❑ Foot Exam ❑ Blood pressure ❑ Cholesterol ❑ A1C
❑ Covid Vaccine ❑ Flu Vaccine ❑ Pneumonia Vaccine

9. Do you experience any of the following?
❑ Eye Problems ❑ Kidney Problems ❑ Dental Problems ❑ High Blood Pressure
❑ Numbness/Ttingling or Loss of Feeling in Feet ❑ High Cholesterol ❑ Sexual Problems ❑ Depression

10. Does anyone help/support you in managing diabetes? ❑ YES ❑ NO If YES, Who? _____

11. Have you ever received education or instruction regarding diabetes? ❑ YES ❑ NO

12. How do you learn best? ❑ Listening ❑ Reading ❑ Observing ❑ Doing

13. Do you have difficulty with ❑ Hearing ❑ Seeing ❑ Reading ❑ Speaking

14. How do you handle stress in your life? _____

15. What concerns you most about diabetes? _____

16. What are you most interested in learning from these diabetes sessions? _____

_____

Patient/CDECS Agreed Education Need/Focus: ❑ Disease Process ❑ Nutrition ❑ Physical Activity ❑ Medication Use ❑ Monitoring ❑ Manage Complications ❑ Psychological Support ❑ Behavior Change Strategies ❑ Health Promotion

Patient Name _____ **Date of Birth** _____

Date _____

CentraState Healthcare System®

ATLANTIC HEALTH SYSTEM PARTNER

centrastate.com