CGM Sensor Policy

Alamo Diabetes and Endocrinology is pleased to offer Continuous Glucose monitoring. This FDA-approved system tracks your blood sugar levels day and night. It collects readings automatically every 5 to 15 minutes. It can help detect trends and patterns that give you and your doctor a more complete picture of your diabetes. The data can help you find ways to better manage your condition. The staff will place the sensor and give you detailed instructions regarding its use. It is placed for two weeks during which time it collects data.

A FOLLOWUP APPOINTMENT WILL BE SCHEDULED AFTER TWO TO FOUR WEEKS TO DOWNLOAD AND ANALYZE THE DATA. This data helps Dr. Gupta individualize and optimize your diabetes care.

It is very important that you take care of the sensor as outlined in the handout that is provided to you.

IN THE EVENT THE SENSOR COMES OR FALLS OFF, PLEASE KEEP IT SECURELY AND BRING IT BACK. WE WILL MAKE ALL EFFORTS TO REPLACE IT.

FINANCIAL OBLIGATIONS:

Return Sensor:

If the sensor is not returned to us in a timely manner as specified above, then your insurance will not reimburse for the cost, and placement and interpretation of the data.

YOU WILL BE CHARGED $300.00 IN THIS EVENT.

Deposit:

A deposit of $80 is required prior to Sensor placement, and will be refunded back to you once the sensor is returned to Dr. Gupta’s office and you have been seen for follow up visit. If follow up visit is delayed or rescheduled for any reason, then the refund for the deposit may be delayed until you are seen. If the sensor is returned as damaged and we are not able to retrieve the data from it, the deposit will NOT be refunded back.

No Shows:

Financial Responsibility for NO SHOW to Sensor placement and all Office

Appointments without 24 hour notice = 1st $25, 2nd $50, 3rd $75.

4th instance of No Show will result in termination of care. Notice of non-compliance will be sent to referring provider and PCP.

By signing below, you fully understand and acknowledge your responsibility under this policy.

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Patient Name or Parent/Legal Guardian

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Patient Name or Parent/Legal Guardian Signature **Date**