



Patient Commitment to the d-Nav® Insulin Management Program

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AS	a d-ivav ^e patient.	i understand that	my success with this program	i requires me to a	o the following:

Provide a recent A1c test result, preferably within the last month. If not available, I agree to have an A1c test done at the d-Nav Care Center for no charge to me or my insurance.				
Complete all required consent forms prior to my enrollment in the d-Nav program.				
Participate in an initial 3-month training period. This means I will be available to talk with my d-Nav Care Specialist according to the following schedule:				
1-2 Day Follow-Up Call:	This is an opportunity to ask questions or clarify information from my setup appointment.			
7 Day Follow-Up Call:	We will verify that my app is working appropriately.			
14 Day Follow-Up Call:	We will review how to log low sugar readings and how to use the "Other" and "Nighttime" events.			
1 Month Follow-Up Call:	This is an opportunity to share my feelings about titrations and my comfort level using the d-Nav app.			
2 Month Follow-Up Call:	My d-Nav Care Specialist and I will assess the effectiveness of the d-Nav program so far and schedule my 3 month follow-up appoin	tment.		
When my d-Nav Care Specialist reaches out to me during the first 3 months, I agree to respond within 48 hours so that we can quickly address any issues or concerns.				
Participate in a 3 month follow-up appointment, at which time I will have my A1c checked (or provide my results if tested elsewhere). At this time we will also review my progress and discuss the need for extended training or maintenance calls.				
Commit to monthly follow-up conversations with my d-Nav Care Specialist throughout the course of my treatment.				
Commit to use the d-Nav app to record any/all of my sugar readings and my insulin doses.				
Whenever I suspect low blood sugar, I will check my sugar immediately and enter the reading into d-Nav. If a low sugar is confirmed, I will take action as instructed to treat the low sugar and then recheck within 15 minutes and record the result in the d-Nav app.				
rstand that my success i tent use of the d-Nav ap	is dependent upon doing the things listed above, as well app as prescribed.	is my		
Patient Signature	d-Nav Care Specialist Signature			