

1 IF

Call Type IS Outbound +

THEN

SHOW ADVISED CALLER

2 IF

Speaking To IS Authorized Person +

THEN

SHOW Authorized Person First Name AND Authorized Person Last Name

3 IF

CS Rep Email Confirmed IS NOT empty +

THEN

SHOW Call Type AND Speaking To AND HIPAA AND Did the patient receive their pump/CGM order? AND Is the patient new to therapy? AND Manufacturer Contact: AND Provide the manufacturers phone number to the patient AND Reviewed Portal Information AND Appointment with CDCES scheduled? AND Is patient Eligible for the Living Linked Program? AND Do you have any questions for me? AND Provided the following: AND Call Outcome AND Next Page 1 Button AND Next Page 2 Button

4 IF

Did the patient star...using the product(s) IS CHECKED +

THEN

SHOW Offered the patient additional tools to ... lp get the patient started on their CGM.

5 IF

Do you have any ques...ed patient questions IS CHECKED +

THEN

SHOW Assisted the patient with the following concerns

6 IF

Do you have any ques...stions for follow up IS CHECKED +

THEN

SHOW Text 1

7 IF

Call Outcome - Did not reach the patient IS CHECKED +

THEN

SHOW Did Not Reach Patient Outcome





