

To: MEDICAL SUPPLIES SINGH From: Arqam Zia MD Sent: 02/04/2025 11:07:22 Subject: Patient Referral Regarding: Matthew Brown

libre 3 plus , (second request) on insulin

Insurance PRIMARY PAYER NAME PLAN GROUP ID INSURANCE ID GUARANTOR NAME
NAME

Diagnoses ICD-10 CODE E11.9 Medicare Other - Medicare 8EA1YQ1VG14 Daniel Brown