Name_____ **Date**_____

Medicare Bridge program for GLP 1 medication

Patient questionnaire and attestation to apply for coverage.

Are you currently taking a GLP 1 medication such as Wegovy, Zepbound, or Foundayo?

☐ Yes ☐ No

If yes, what was your weight at the start of treatment? _____ pounds.

If no, what is your current weight_____ and height _____

What was your highest fasting glucose level? _____

What was your highest Hemoglobin A1c level? _____

(If not in our office please provide a copy)

Have you ever had a heart attack or stroke? ☐ Yes ☐ No

Do you have:

- moderate or severe obstructive sleep apnea (OSA)? ☐ Yes ☐ No
- diabetes? ☐ Yes ☐ No
- coronary artery (heart) disease? ☐ Yes ☐ No
- symptomatic peripheral arterial disease? ☐ Yes ☐ No
- chronic kidney disease (CKD)? ☐ Yes ☐ No
- uncontrolled hypertension over 140/90 despite 2 medications? ☐ Yes ☐ No
- heart failure with a preserved ejection fraction (HFpEF)? ☐ Yes ☐ No

Which medication are you requesting?

☐ WeGovy (weekly injection) ☐ WeGovy (tablets)

☐ Zepbound (weekly injection) ☐ Foundayo (tablets)

Pharmacy to use: _____

By submitting this form, I understand that the Medicare Bridge program is only available with certain qualifications and is temporary until December 31, 2027. I further attest that the above information is correct to the best of my knowledge.