

PATIENT NAME		DOB	DX
INSUREDS NAME		DOB	RELATIONSHIP

PRIMARY [] CALENDAR YEAR [] PLAN YEAR TO

INSURANCE	PHONE	ID NUMBER	GROUP NUMBER	EFF DATE OF COV
MAIL CLAIMS TO:			REP YOU SPOKE TO	REFERENCE #

DEDUCTIBLE [] MET? YES [] MET? NO \$	IN NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	IN NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

PREAUTHORIZATION REQUIRED [] YES [] NO

WHAT IS THE REIMBURSEMENT RATE? [] REASONABLE & CUSTOMARY [] MNRP [] MRCP2

DEDUCTIBLE [] MET? YES [] MET? NO \$	OUT OF NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	OUT OF NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

SECONDARY [] CALENDAR YEAR [] PLAN YEAR TO

INSURANCE	PHONE	ID NUMBER	GROUP NUMBER	EFF DATE OF COV
MAIL CLAIMS TO:			REP YOU SPOKE TO	DATE / TIME

DEDUCTIBLE [] MET? YES [] MET? NO \$	IN NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	IN NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

PREAUTHORIZATION REQUIRED? [] YES [] NO

WHAT IS THE REIMBURSEMENT RATE? [] REASONABLE & CUSTOMARY [] MNRP [] MRCP2

DEDUCTIBLE [] MET? YES [] MET? NO \$	OUT OF NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	OUT OF NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

Tertiary [] CALENDAR YEAR [] PLAN YEAR TO

INSURANCE	PHONE	ID NUMBER	GROUP NUMBER	EFF DATE OF COV
MAIL CLAIMS TO:			REP YOU SPOKE TO	DATE / TIME

DEDUCTIBLE [] MET? YES [] MET? NO \$	IN NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	IN NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

PREAUTHORIZATION REQUIRED? [] YES [] NO

WHAT IS THE REIMBURSEMENT RATE? [] REASONABLE & CUSTOMARY [] MNRP [] MRCP2

DEDUCTIBLE [] MET? YES [] MET? NO \$	OUT OF NETWORK COVERAGE %	OUT OF POCKET [] MET? YES [] MET? NO \$	OUT OF NETWORK MAXIMUMS			
			CALENDAR YEAR	USED	LIFETIME	USED

DME SERVICES		P	S	T	DME SERVICES		P	S	T	DME SERVICES		P	S	T						
COVERED [C]/NOT COVERED [N]	C	N	C	N	C	N	C	N	C	N	COVERED [C]/NOT COVERED [N]	C	N	C	N					
A6530 KNEE HIGH 20-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8000 MASTECTOMY BRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0651 PNEU COMP PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6531 KNEE HIGH 30-40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8010 MASTECTOMY SLEEVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0652 PNEU GRAD COMP PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6532 KNEE HIGH 40-50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8015 PROSTHESIS GARMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0657 PUMP SLEEVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6533 THIGH HIGH 20-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8020 MASTECTOMY FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0667 COMP SLEEVE - LEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6534 THIGH HIGH 30-40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8030 SILICONE FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0668 COMP SLEEVE - ARM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6535 THIGH HIGH 40-50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8035 CUSTOM BREAST PRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0733 TENS UNIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6539 PANTY HIGH 20-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L8039 BREAST PROSTHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0597 NEBULIZER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6540 PANTY HIGH 30-40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E1399 COMPRESSION BRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6541 PANTY HIGH 40-50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8422 MED WT CUSTOM SLEEVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6549 GRAD COMP STOCK/SLV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8424 RAD-MADE SLEEVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E1399 CUSTOM MADE COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8427 RAD-MADE GLOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A7030 - A7039 MASKS / SUPPLIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E1399 NIGHT COMPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8428 RAD-MADE GAUZE LET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E0746 WATER CHAMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
A6504 CUSTOM BURN GARMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8420 Cust Slv/Glove Comb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
S8460 Compression Bra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S8421 OTS Slv/Glove Comb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
												DME ONLY			Y	N	Y	N	Y	N
												PRE-EXISTING CONDITION?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
												Referral Required???			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR PRACTITIONER USE ONLY

BENEFITS VERIFIED BY: _____

DATE / TIME VERIFIED: _____