



## DWO for Compression – Look at page 2 for helpful tips on filling in important, insurance-required information on this form

DATE OF ORDER: \_\_\_\_\_

DATE OF LAST FACE TO FACE: \_\_\_\_\_

FAX COMPLETED PAPERWORK TO 207-221-9622

### PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Patient Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

### REFERRING PT OR CLINIC INFORMATION (if applicable)

Clinic Name \_\_\_\_\_ Therapist Name \_\_\_\_\_

Clinic Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Therapist Email \_\_\_\_\_

### PRODUCT PRESCRIBED

#### SELECT ONE:

#### RECORD # OF PAIRS/REFILLS:

#### MUST SPECIFY:

Ready to Wear

\*Qty Per Body Part

\*# of Refills

Right

Left

Bilateral

Custom

\*Qty Per Body Part

\*# of Refills

Right

Left

Bilateral

#### DAYTIME AND/OR NIGHTTIME:

Daytime

Nighttime

Both

#### GRADIENT COMPRESSION LEVEL:

20-30 mmHg

30-40mmHg

50+mmHg

Custom

#### BODY PART (check all that could apply):

Lower Leg/Foot (Knee High)

Upper Leg/Foot (thigh high)

Full Leg/Foot (waist high)

Ankle

Foot

Toe Caps

Arm Sleeve

Gauntlet

Glove

Neck/Head

Torso

Shoulder

Open Toe

Full Foot

Silicone Band

Narrative: \_\_\_\_\_

### DIAGNOSIS

Primary ICD10 Numeric Code: \_\_\_\_\_

Secondary ICD10 Numeric Code: \_\_\_\_\_

### PHYSICIAN INFORMATION (Must be MD, DO, NP or PA)

*By signing and dating, I attest to prescribing compression garments as medical necessary and all other related treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use.*

Physician Name \_\_\_\_\_ NPI# \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



***\*We encourage practitioners to consider the number of garments needed in the quantity/refill section if they have to wear garments every day.***

## **We cannot service your patient without the following completed.**

**Detailed Written Order (DWO)** signed by the patient's physician. Must include the following:

- ☐ 3 Dates: Date of Order, Face to Face Date and Physician's Signature Date
- ☐ Patient Information
- ☐ Product prescribed per body part, check all that apply
- ☐ Right, Left or Bilateral for all pieces being prescribed
- ☐ If the patient has Lymphedema, one of the following diagnoses must be referenced in the medical notes: I89.0 Lymphedema, not elsewhere classified; I97.2 Postmastectomy lymphedema syndrome; I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified; Q82.0 Hereditary lymphedema
- ☐ Medicare's coverage:
  - 3 daytime garments or wraps per body part every 6 months
  - 2 nighttime garments per body part every 2 years

**Demographic Sheet** with insurance information.

**Medical notes** MUST detail the following:

- ☐ One of the diagnosis's listed above
- ☐ If you are treating the patient with a custom garment, the medical records must necessitate the use of a custom fitted gradient compression garment versus an off-the-shelf standard gradient compression garment.
- ☐ Explanation of the patient's current condition and that they would benefit from the specific garment(s) being ordered.

**MedCOR will follow up with patients to discuss financial responsibility and next steps.**

- ☐ MedCOR verifies patient insurance eligibility and contacts the patient directly to discuss financial responsibility.
- ☐ MedCOR schedules an appointment for patients to be measured and fitted, if needed.
- ☐ MedCOR services patients with appropriate garments. If a special order is needed, MedCOR will order garments and direct ship.

### **Please note:**

MedCOR is bound by strict regulations and guidelines for insurance services. We might have to call clinic referral sources and/or doctor's offices several times to get all accurate information on file in order to service your patient. This is due to strict Medicare regulations which are followed by most insurance carriers.