



## 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

<u>SELECT ONE:</u>	<u>RECORD # OF PAIRS/REFILLS:</u>	<u>MUST SPECIFY:</u>
Ready to Wear	*Qty Per Body Part <input type="text"/>	*# of Refills <input type="text"/> Right Left Bilateral
Custom	*Qty Per Body Part <input type="text"/>	*# of Refills <input type="text"/> 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.