



INSURANCE PRE-VERIFICATION FOR DME

INSURANCE INFORMATION			
		<input type="checkbox"/> Group	<input type="checkbox"/> P.I.
		<input type="checkbox"/> Work Comp	
Patient Name	D.O.B.	D.O.I.	
Primary Insurance Co	Insurance Phone No		
Policy/Claim No	Group No		
Claims Mailing Address	City	ST	Zip
Applicable ICD-10 Diagnosis code(s)			
<p>*EFFECTIVE OCTOBER 1, 2016, UNSPECIFIED ICD-10 CODES WILL NO LONGER BE ACCEPTED BY INSURANCE COMPANIES*</p>			

DME PRODUCTS

ELECTROTHERAPY		ORTHOTICS		ADDITIONAL ITEMS	
	TENS UNIT		LUMBOSACRAL SUPPORT		CERVICAL TRACTION UNIT
	GLOVE GARMENT		KNEE BRACE		SPINAL Q VEST
	WRIST GARMENT		WRIST BRACE		
	SOCK GARMENT		WRIST/THUMB BRACE		
	SHOULDER GARMENT		ANKLE LACE-UP		
	KNEE GARMENT		ANKLE AIR STABILIZER		
	SLEEVE GARMENT				

Referring Provider/PT Name	Preferred Response Method (Email or Fax)
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OFFICE USE ONLY