



FAX COVER SHEET

Attention:

Date:

Patient:

From:

DOB:

BT ID#:

Phone:

Sender's Phone Number: 484-567-0666

Fax:

Sender's Fax Number: 484-362-1480

APPOINTMENT DATE: The patient has requested to use a Portable Oxygen Concentrator (POC), and a prescription is required to process their request.

This patient is due for a 5 year Oxygen Replacement. The patient's insurance requires that we verify the patient is continuing to use and benefit from oxygen therapy.

*****IMPORTANT*****

We kindly request a new prescription for a Portable Oxygen Concentrator. Thank you for your assistance, and we hope you have a wonderful day!

Please include the following details:

- Patient's Name
- Order Date
- General Description of the Item
 - * Equipment name, e.g., concentrator, portable concentrator, portable tank, etc.
 - * HCPCS code, e.g., E1390, E1392, E0431, etc.
- Length of Need and Diagnosis
- Treating Practitioner's Name and NPI
- Treating Practitioner's Signature

Thank you once again!

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