



# Lymphedema & Wound Center

LYMPHEDEMA - WOUND - ONCOLOGY REHABILITATION

*on the central coast*

Name (Print): Kyle Clark  
Address: Example Address  
Phone: (555) 555-5555  
DOB: 10/14/1066  
Insurance: Self Pay

DATE: 11/7/2024

Part ID:	Qty:	Side:	Body Location:	Description:
D240013	1	LT	CALF	MEDI, DUAL LAYER, CIRCULAR KNIT, 30-40, M, BEIGE, DUAL LAYER COMPRESSION
Code:	Price		Category:	GARMENTS, Gradient compression stocking,
A6552	\$ 40.00		DAYTIME	below knee, 30-40 mmhg, each

Part ID:	Qty:	Side:	Body Location:	Description:
2Y11802	1	RT	ARM AND HAND	MEDI, HARMONY, CIRCULAR KNIT, 20-30, II, SAND, ARMSLEEVE AND GAUNTLET COMBO W/
Code:	Price		Category:	SB, Gradient compression arm sleeve and
A6575	\$ 130.00		DAYTIME	glove combination, each

Part ID:	Qty:	Side:	Body Location:	Description:
CA21355	2	RT	ARM	MEDI, COMFORT, CIRCULAR KNIT, 20-30, V, BLACK, LONG, EW, Gradient compression arm
Code:	Price		Category:	sleeve, each
A6578	\$ 130.00		DAYTIME	

Part ID:	Qty:	Side:	Body Location:	Description:
CA21355	2	LT	ARM	MEDI, COMFORT, CIRCULAR KNIT, 20-30, V, BLACK, LONG, EW, Gradient compression arm
Code:	Price		Category:	sleeve, each
A6578	\$ 130.00		DAYTIME	

Total Price: \$ 430.00

I authorize the billing of my insurance provider or other third-party payer for any services rendered by Central Coast Lymphedema and Wound Center. If my insurance does not cover these services, I understand that I am responsible for the payment of any outstanding balance. I also consent to the release of my medical information to my insurance provider and its agents as necessary to determine eligibility and benefits.

Please be aware that Central Coast Lymphadema and Wound Center is not liable for any injuries or complications resulting from the improper use of garments or other equipment provided. It is important to follow all usage instructions and consult with a healthcare professional for any concerns regarding the use of these items.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_