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and other affiliates ("the provider")

Toll-Free (HQ): 888-655-6339
Facsimile (HQ): 888-977-1138
Online: www.medexpsi.com

PATIENT PRODUCT AGREEMENT, RX AND PROOF OF DELIVERY

Location: UTOW Ortho
(address where service provided)

LOCAL OFFICE CONTACT

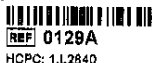
AUSTIN
(P) 512-371-1700 (F) 512-371-1754
SAN ANTONIO
(P) 210-545-7070 (F) 210-545-7069
DALLAS
(P) 214-575-0441 (F) 214-570-9199
TYLER
(P) 903-526-6300 (F) 903-526-6301
HOUSTON
(P) 713-465-1010 (F) 866-819-5417
CORPUS CHRISTI
(P) 361-356-1483 (F) 361-452-8344
OKLAHOMA
(P) 918-376-4180 (F) 866-859-2645

Patient Name: _____

PRESCRIPTION and ITEMS RECEIVED:



Please provide product description with manufacturer and part # or place stickers below



CPM

☐ Knee CPM with Pad Kit
☐ Shoulder CPM with Pad Kit

ROM Settings: _____

LON (# of Days): _____

Stop Date: _____

SOCK, STRETCH, TUBE, WHITE

Date of Application: _____

Date of Discharge: _____

Letter of Medical Necessity: I certify that the above are required during the normal course of patient rehabilitation in order to protect the injury and/or surgical repair. This will allow the patient to resume the normal activities of daily living more quickly and at less cost. These modalities are an essential adjunct to the patient's rehabilitation. Without the use of this device, the patient will be at risk for extended rehabilitation and additional costs. I certify that I have fit and adjusted the item to the patient.

Physician Signature: _____

*ORIGINAL Physician Signature REQUIRED for Medicare beneficiaries

Order Date: 5/12/25 NPI#: _____

Physician Name: Michael Van Pelt Facility: _____

Diagnosis/ICD-10 Code(s): S90.112A Procedure: _____

Please Attach:
Demographics
Insurance
Medical Records

Patient Acknowledgement, Authorization for Assignment of Benefits (PA/AOB) and Proof of Delivery Acknowledgement:

I, _____ (patient name) acknowledge receipt of the item(s) noted above in the "Prescription and Items Received" section. I request that payment of authorized insurance be made on my behalf to Medical Express, PSI or an affiliate of Medical Express, PSI ("the provider") for products & services that they provide to me. I further authorize a copy of this agreement to be used in place of the original to release to payers any information needed to determine these benefits or compliance with current healthcare standards. I consent for the provider to use my Protected Health Information in all activities related to seeking insurance payment for the equipment and/or supplies I received. The provider bills third party payers as a courtesy; I understand that I am fully responsible for all deductibles, co-insurance and insurance and insurance allowables. I understand company business hours & that the provider representative will be contacting me regarding my financial responsibilities related to this agreement. I expressly consent to receiving auto-dialed and/or pre-recorded messages, emails, text messages or other electronic communication from the provider for any reason by using any telephone number, email address, and/or mailing address associated with my account. Additionally, I acknowledge receiving instruction, have demonstrated or verbalized my understanding in the proper use and care of the equipment or supplies described on this document and will follow them. I understand that the provider is under regulation set forth by Medicare, state licensing boards, and accrediting organizations. Therefore, products are under limited warranty and are non-returnable except in the event of a defective or improperly fit product (rental items are returned after the rental period unless defective and needs replacement). I acknowledge receipt & understand the company patient information privacy notice provided to me and that all information on this document is correct. I further agree to all terms and conditions on the back of this form. The products and/or services provided to you by the provider are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request, we will furnish you a written copy of these standards.

Patient/Authorized Signature: Budert

Delivery/Receipt Date: 5/12/25

Patient Info for RX and Proof of Delivery:

Patient Name: _____

Billing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

SIMS, BRIDGETT 74301777

4940 Moss Point Rd Dallas TX 75232 - 1324

5/17/1964 (60 yrs) 214 - 926 - 0999 FEMALE

CSN 727246154 DOS 5/12/25

UMR/UHC CMC EMPLOYE*/UMR/UHC



For Internal Use Only

- ☒ Patient/caregiver has been educated on the purpose and function of the device; the proper cleaning, care, and use of the device; potential risks/benefits and precautions; how to report any failures and malfunctions; and when and whom to report changes in physical conditions.
- ☐ Patient/caregiver has been instructed on infection control related to the device.
- ☐ Patient/caregiver has been instructed on how to inspect the skin for pressure areas, redness, irritation, skin breakdown, pain, or edema.
- ☐ Patient/caregiver has demonstrated that they can safely and effectively use the equipment in the setting of anticipated use.
- ☐ The equipment/device has been assessed for structural safety and assured that manufacturer guidelines are followed.
- ☐ The patient's goals and outcomes have been discussed with the patient/caregiver. Specific goals/outcomes: _____

Signed: D. Mayes

Date: 5/12/2025

UT SOUTHWESTERN MEDICAL CENTER

Orthopaedic Surgery Clinic
1801 Inwood Rd
Dallas, TX 75390-8882
Phone: 214-645-3300 Fax: 214-645-3301

SUPPLIES ORDER

FIN #:

Epic Visit #: 727246154

Patient Name: SIMS,BRIDGETT

MRN: 74301777 DOB: 05/17/1964

Address: 4940 Moss Point Rd

Sex: Female Hm ph: nophone

Dallas, TX 75232-1324

Wk ph: nophone

Primary Visit Diagnosis: Contusion of left great toe without damage to nail,
initial encounter [S90.112A]**Other Visit Diagnosis:** Hallux rigidus of left foot [M20.22]

Order: PNEUMAT WALKING BOOT PRE CST [ID:L4360 HCPCS: L4360] Order #: 634051386

Priority: Routine Class: Normal

Comment: The patient has a deformity due to hallux rigidus of left foot. In
order for the patient to continue to be ambulatory, a walking boot
was prescribed to immobilize the patient's foot to allow the injury
to heal while the patient continues to participate in Activities of
Daily Living.

Associated Diagnoses

M20.22 Hallux rigidus of left foot

S90.112A Contusion of left great toe without damage to nail, initial
encounter

Order Date: 05/12/2025

Ordering User: CARTER, STELLA YVETTE

Authorizing Provider: Vanpelt, Michael Derond [UPIN:]

Department: ORTHOPAEDIC SURGERY

UT Southwestern Medical Center

Appointment: 5/12/25 1:45 PM CDT
MRN: 74301777
Guarantor: Bridgett Sims
Confidential Patient:
Study Patient:

ENCOUNTER

Patient Class: Ambulatory
Visit Type: Established Patient
Clinic Name: Orthopaedic Surgery Clinic
Provider: Michael Derond Vanpelt
Ref Phy:

PATIENT

Name: SIMS, BRIDGETT
Address: 4940 Moss Point Rd Dallas TX 75232-1324
Marital Status: Married
Email: bridgettsims58@yahoo.com
DOB: 5/17/1964 (60 yrs)
Sex: Female
SSN: xxx-xx-7492
Patient Primary 214-926-0999
Prim Care Prov: Salazar, Adrian, MD

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone
1. Sims, James		PHI Designee		
2.				

GUARANTOR

Guarantor: BRIDGETT SIMS
Address: 4940 Moss Point Rd
DALLAS, TEXAS 75232-1324
DOB: 5/17/1964
Sex: Female
Rel to Pat: Self
Guar ID: 476315
Hm Phone: 214-926-0999
Wk Phone: 214-926-0999
GUARANTOR EMPLOYER
Employer: CHILDRENS MEDICAL CENTER
Status FULL TIME

COVERAGE

PRIMARY INSURANCE

Payor: UMR/UHC	Plan: UMR/UHC CMC EMPLOYEES
Group Number: 76414479	Insurance Type: PPO
Subscriber Name: SIMS, BRIDGETT	Subscriber DOB: 5/17/1964
Subscriber ID: 23683393	Insurance Addr: PO BOX 30541
Member ID: 23683393	Insurance Phone: 866-686-9996
Pat. Rel To Subscr: Self	Insurance Auth: 866-686-9996
Eff From Date: 1/1/2021	Eff To Date:

SECONDARY INSURANCE

Payor:	Plan:
Group Number:	Insurance Type:
Subscriber Name:	Subscriber DOB:
Subscriber ID:	Insurance Addr:
Member ID:	Insurance Phone:
Pat. Rel. To Subscr:	Insurance Auth:
Eff From Date:	Eff To Date:

May 12, 2025

Sims, Bridgett

MRN: 74301777



Vanpelt, Michael Derond, DPM

Physician

Specialty: Podiatrist: Foot & Ankle Surgery

Progress Notes Signed

Encounter Date: 5/12/2025

FOLLOW UP VISIT:**History of Present Illness**

The patient presents for evaluation of left hallux contusion.

She reports an incident that occurred on 05/10/2025, where she inadvertently stubbed her toe against a concrete surface while carrying a basket. The impact has resulted in progressive swelling, to the extent that she is unable to wear a shoe. She also experiences numbness in the affected area. The pain is so severe that even the slightest touch, such as from a cover, causes discomfort, necessitating her to sleep with her foot exposed. She does not experience any pain in the joint of her big toe. She expresses concern about potential damage to her implant, which is why she refrained from seeking immediate medical attention at the emergency room. Her mobility is significantly compromised due to the pain, and she requests a work excuse letter. She is currently employed in an office setting, which requires minimal walking, but she does need to travel between buildings via shuttle. She has been managing the pain with a daily dose of ibuprofen 800 mg.

PAST SURGICAL HISTORY:

First MTP joint arthroplasty with implant.

SOCIAL HISTORY

Occupations: Office worker at Trinity

PHYSICAL EXAMINATION: Vital Signs: BP (!) 157/90 (BP Site: Upper Arm, Left) | Pulse 54 | Ht 5' 4" (1.626 m) | Wt 207 lb (93.9 kg) | BMI 35.53 kg/m²

Physical Exam

The patient is alert and oriented x3, in no apparent distress, pleasant.

Dermatological exam shows ecchymosis present to the left hallux.

Vascular exam reveals DP/PT are palpable on the left. CFT is less than 3 seconds all five toes. Edema, nonpitting, is present to the left hallux.

Neurological exam indicates sensation intact to light touch dorsally and plantarly.

Musculoskeletal exam shows tenderness to palpation at the IPJ and at the distal phalanx and proximal phalanx of the hallux. No pain or instability at the MTP joint. No crepitus noted.

Results**Imaging**

- X-ray of the left foot: No visible fracture present. Alignment and position of the implant and first MTP joint is well maintained and congruent.

Assessment & Plan

1. Contusion to the left hallux.

She reports stubbing her toe on a concrete step, resulting in swelling, bruising, and pain. There is no visible fracture on the x-ray, but a hairline fracture cannot be ruled out. Ibuprofen 800 mg once daily has been taken for pain management. Weight-bearing as tolerated will continue. A boot was provided for support. NSAIDs should be continued as needed, elevate the foot, and apply ice.

2. Status post first MTP joint arthroplasty with implant.

The implant is in place and there is no displacement. Weight-bearing as tolerated will continue. A boot was provided for support. A letter was provided for work with restrictions on standing and walking. Desk duty sedentary work is

recommended.

Follow-up

Follow-up in 4 weeks with x-rays of the left foot weightbearing.

PROCEDURE


A boot was placed on the left foot today.

Michael D. VanPelt, DPM, MHA FACFAS

Associate Professor

Department of Orthopaedic Surgery

Foot and Ankle Section

 Contains text generated by DAX Copilot

Electronically signed by Vanpelt, Michael Derond, DPM at 05/16/25 1702

Office Visit on 5/12/2025 *Note shared with patient*

Additional Documentation

Vitals: BP 157/90 ! (Abnormal) (BP Site: Upper Arm, Left) Pulse 54 Ht 5' 4" (1.626 m) Wt 207 lb (93.9 kg)
BMI 35.53 kg/m² BSA 2.06 m²

Flowsheets: Patient Identified, Fall Risk Screen, Vitals, Vitals, Vitals, Anthropometrics

Orders Placed

XR FOOT LEFT 3 VIEWS (Resulted 5/12/2025)

XR FOOT LEFT 3 VIEWS

PNEUMAT WALKING BOOT PRE CST

Medication Changes

As of 5/12/2025 2:31 PM

None

Visit Diagnoses

Primary: Contusion of left great toe without damage to nail, initial encounter S90.112A

Hallux rigidus of left foot M20.22