

MEDICAL SUPPLY OMS

Order #DXV0SA3T

ENCOUNTER FORM

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PATIENT INFORMATION

First Name: Camila Last Name: Vargas
Address: Bogota
Phone: 987654123 Email: camila@oms.com

CLINICIAN / CLINIC INFORMATION

Clinician: Andres Felipe Torres Fajardo Clinic: clinica 2
Clinic Address: Carrera 14c # 157 - 91 Bloque 5 Apto 202
Phone: 3103136299 Email: anetorres4@gmail.com

PAYER INFORMATION

Payer Type: Self-Pay Payer Name: Self-Pay

PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Cervical Collar - Soft	L0120	Ottobock	1	\$48.00	\$48.00
TLSO - Custom Fit T...	L0456	Ossur Americas	1	\$680.00	\$680.00
					ORDER TOTAL \$728.00

INSURANCE VERIFICATION CHECKLIST

- Active coverage and plan type confirmed
- DME benefit and in-network requirement verified
- HCPCS coverage policy and rental/purchase rule checked
- Prior authorization / WOPD triggers reviewed
- Deductible, coinsurance, and secondary payer evaluated
- Order and clinical documentation requirements verified (Medicare SWO/WOPD)
- Payer guidelines checked and confirmed