

### PATIENT INFORMATION

**First Name:** Andres Felipe **Last Name:** Torres Fajardo  
**Address:** Carrera 14c # 157 - 91 Bloque 5 Apto 202  
**Phone:** 3103136299 **Email:** anetorres4@gmail.com

### CLINICIAN / CLINIC INFORMATION

**Clinician:** PAULA ABRIL **Clinic:** Clinic Test  
**Clinic Address:** Cra14c # 157-91 Bloque 5 Apto 202  
**Phone:** 3162902132 **Email:** test@oms.com

### PAYER INFORMATION

**Payer Type:** Insurance **Payer Name:** Medicare

### PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Elbow Orthosis - Te...	L3720	Breg Inc.	2	\$40.00	\$80.00
Cervical Collar - Soft	L0120	Ottobock	1	\$38.00	\$38.00
				<b>ORDER TOTAL</b>	<b>\$118.00</b>

### 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