

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 1
Clinic Address:	Cra14c # 157-91 Bloque 5 Apto 202		
Phone:	3162902132	Email:	test@oms.com

PAYER INFORMATION

Payer Type:	Insurance	Payer Name:	Medicare
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PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Ankle Foot Orthosis...	L1906	Ossur Americas	2	\$185.00	\$370.00
Elbow Orthosis - Te...	L3720	Breg Inc.	1	\$40.00	\$40.00
				ORDER TOTAL	\$410.00

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