

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:	clinic1
Clinic Address:	Cra14c # 157-91 Bloque 5 Apto 202		
Phone:	3162902132	Email:	mail@clinic.com

PAYER INFORMATION

Payer Type:	Self-Pay	Payer Name:	Self-Pay
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PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Plantar Fasciitis N...	L4396	Breg Inc.	1	\$95.00	\$95.00
Wrist Splint - Cock-up	L3908	Breg Inc.	1	\$75.00	\$75.00
				ORDER TOTAL	\$170.00

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