

### PATIENT INFORMATION

**First Name:** Adolfo **Last Name:** Valdivieso  
**Address:** San Francisco  
**Phone:** 123456789 **Email:** avald@oms.com

### CLINICIAN / CLINIC INFORMATION

**Clinician:** Nick Pothoven **Clinic:** cmo  
**Clinic Address:** Ohio  
**Phone:** 987654321 **Email:** nick@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.	3	\$40.00	\$120.00
				<b>ORDER TOTAL</b>	<b>\$120.00</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