

MEDICAL SUPPLY OMS

Order #D7U9QOTY

ENCOUNTER FORM

Created: February 20, 2026 at 07:08 PM

PATIENT INFORMATION

First Name: Jeremy Last Name: Topp
Address: California
Phone: 65484314 Email: jtopp@oms.com

CLINICIAN / CLINIC INFORMATION

Clinician: Andres Felipe Torres Fajardo Clinic: Clinic 3
Clinic Address: Carrera 14c # 157 - 91
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
Elbow Orthosis - Te...	L3720	Breg Inc.	3	\$55.00	\$165.00
Plantar Fasciitis N...	L4396	Breg Inc.	2	\$95.00	\$190.00
ORDER TOTAL					\$355.00

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