

PATIENT INFORMATION

First Name:	Camila	Last Name:	Vargas
Address:	Bogota		
Phone:	987654123	Email:	camila@oms.com

CLINICIAN / CLINIC INFORMATION

Clinician:	Andres Felipe Torres Fajardo	Clinic:	clinica 2
Clinic Address:	Carrera 14c # 157 - 91 Bloque 5 Apto 202		
Phone:	3103136299	Email:	anetorres4@gmail.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
Cervical Collar - Soft	L0120	Ottobock	1	\$48.00	\$48.00
TLSO - Custom Fit T...	L0456	Ossur Americas	1	\$680.00	\$680.00
				ORDER TOTAL	\$728.00

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