

MEDICAL SUPPLY OMS

Order #O15QKYH7

ENCOUNTER FORM

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

PAYER INFORMATION

Payer Type: Insurance Payer Name: Medicare

PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Ankle Foot Orthosis...	L1906	Ossur Americas	1	\$185.00	\$185.00
Shoulder Immobilize...	L3675	Ottobock	2	\$44.00	\$88.00
ORDER TOTAL					\$273.00

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