

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:** clinic1@msoms.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.	1	\$40.00	\$40.00
Plantar Fasciitis N...	L4396	Breg Inc.	1	\$72.00	\$72.00
				ORDER TOTAL	\$112.00

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