

MEDICAL SUPPLY OMS

Order #E1NA82OU

ENCOUNTER FORM

Created: February 20, 2026 at 06:57 PM

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
ORDER TOTAL					\$120.00

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