

MEDICAL SUPPLY OMS

Order #BV7OUMGY

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: clinic1
Clinic Address: Cra14c # 157-91 Bloque 5 Apto 202
Phone: 3162902132 Email: mail@clinic.com

PAYER INFORMATION

Payer Type: Self-Pay Payer Name: Self-Pay

PRODUCT LINES

Product Name	HCPCS Code	Vendor	Qty	Unit Price	Line Total
Plantar Fasciitis N...	L4396	Breg Inc.	1	\$95.00	\$95.00
Wrist Splint - Cock-up	L3908	Breg Inc.	1	\$75.00	\$75.00
ORDER TOTAL					\$170.00

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