

REQUEST FOR AUTHORIZATION

Prescription & Statement of Medical Necessity

Last Name Eldridge	First Name Willie P	MI	Address 305 Flato St
City Yoakum	State TX	Zip 77995	DOB 05/19/1944
Order Start 11/29/2018	Gender Female	Phone (361) 407-5022	Alt Phone
Weight 230	Height 5'3"		

Patient Insurance Information:

Insurance Company Care Improvement Plus Of Texas Insurance Company	Member ID 939354305-00	Group Number
Insurance Claim Address	Supplemental Insurance Provider	

Information below is consistent with the patients medical record:

Dispense: L3761 - Left Elbow/Orthosis - Elbow Orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf Left	Diagnosis Code: M25.522 Pain LEFT elbow
Acetaminophen Past NSAID's Past Exercise / Strengthening Never Patient Education Yes Physical / Occupational Therapy Never	Orthosis prescribed for the following indication(s) Reduce pain by limiting joint mobility Treatment goals Improvement in Patient's Pain Improvement in Patient's Function Increase Performance in ADLs

Statement of Medical Necessity This brace is being ordered as adjunctive therapy in reducing the level of pain and symptoms associated with the above diagnosis, and for the overall improvement of the patients quality of life.

Prescriber Information:

Name: Dr. Sarah Minka
Address: 14785 Preston Road Suite 550 Dallas Texas 75254
NPI: 1467872002
Phone: (833) 444-4158
Fax: (718) 709-8633

I the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically reasonable and necessary in reference to accepted standards of medical practice within the community for treatment of the patients condition.

Prescribers Signature



Digitally signed by Dr. Sarah
Minka
Date:2018-11-29

Chart Progress Notes

Consultation Date 11/29/2018

Name Willie P Eldridge	DOB 05/19/1944	Gender Female	
Address 305 Flato St	City Yoakum	State TX	Zip 77995

Subjective Notes - Information Reported by the patient

Patient's chief complaint is elbow pain. Pain is further described as aching. Patient rates pain as a 7/10 on the visual analog pain scale. Brace is prescribed to reduce pain restricting elbow joint mobility. Patient reports this elbow pain is interfering with ADL's.

Objective Notes from the Treating Physicians

Upon the evaluation of Mrs. Eldridge, a 74 year-old female, today regarding their complaint of elbow pain, I consider this pain to be due to deteriorating joints in Mrs. Eldridge elbow. Patient is bothered by this pain chronically. Patient will wear brace daily to help relieve pain and improve mobility. Goal for treatment listed below. Prognosis is fair that pain will improve.

Assessment Notes:

The Patient requested a consultation. He reported Elbow pain. The patient admits the pain is affecting his daily activities and quality of life. He understood and agreed to my recommendations. Patient will call PRN

Plan Notes - Doctor's Order from the Treating Physician

Based on our interaction as the treating physician, I have determined that it is medically necessary and appropriate to prescribe treatment today. For their complaint of elbow pain, I am prescribing this L3761 - Left Elbow/Orthosis - Elbow Orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf

The patient is authorized to begin using this brace on 11/29/2018. It is recommended that the patient continue using the brace for a period of 99 months/lifetime. The patient or assisting caregiver will be able to apply this brace with minimal self adjustment and it does not require custom fitting.

Orthosis prescribed for the following indication(s)

Reduce pain by limiting joint mobility

The treatment plan goal for Mrs. Eldridge is to reduce pain by limiting joint mobility.

I attest by signing this order that as a licensed doctor in TX, I have personally performed this consultation with Mrs. Eldridge and find this L3761 - Left Elbow/Orthosis - Elbow Orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf is reasonable and medically necessary.

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