

Required information indicated by *

- ☐ New Application ☐ Additional Application
☐ Re-verification ☐ New Insurance

Place of Service:

- ☐ Physician Office/Clinic (POS11) ☐ Patient Home (POS12) ☐ Assisted Living Facility (POS13)
☐ Nursing Facility (POS32) ☐ Skilled Nursing Facility (POS31) ☐ Other

**Product Requested
MESHD**

- ☐ 2x2cm ☐ 4x4cm
☐ 2x3cm ☐ 4x6cm
☐ 2x4cm ☐ 4x8cm

PATIENT AND PAYER INFORMATION

*Patient Name:		*DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:		City:	State:	Zip:
*Is this patient currently in a skilled nursing facility or nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many days has the patient been admitted to the skilled nursing facility or nursing home?				
Primary Insurance:		Secondary Insurance:		
Payer Phone #:		Payer Phone #:		
Policy Number:		Policy Number:		

PROVIDER AND FACILITY INFORMATION

*Provider Name:				
*Provider ID #'s	NPI:	Tax ID#	Medicare Provider #	
*Facility Name:				
Address:		City:	State:	Zip:
*Facility ID #'s	NPI:	Tax ID#		
*Facility Contact:		Phone#:	Fax#:	
*Facility Contact Email:				

CODING AND BILLING

<input type="checkbox"/> Q4193 Coll-e-Derm™	CPT:	Legs/Arms/Trunk ≤ 100 sq cm <input type="checkbox"/> 15271/15272	Legs/Arms/Trunk ≥ 100 sq cm <input type="checkbox"/> 15273/15274
		Feet/Hands/Head ≤ 100 sq cm <input type="checkbox"/> 15275/15276	Feet/Hands/Head ≥ 100 sq cm <input type="checkbox"/> 15277/15278

Anticipated Application Date: _____ Number of Anticipated Applications: _____

Wound Information & Diagnosis Code(s): Provide the ICD-10-CM Code(s) for the treatment condition below:

- ☐ Diabetic Ulcer (Code Diabetes **and** Ulcer Locations Separately), 2 codes must be present on claim: _____
☐ Venous Ulcer (Code Venous **and** Ulcer Locations Separately), 2 codes must be present on claim: _____
☐ Surgical Dehiscence: _____ ☐ Other: _____
☐ Pressure Ulcer: _____ ☐ Trauma Wounds: _____

Please fax this form along with a copy of the front and back of the patient's insurance card to 1.800.640.2060

Disclaimer: Extremity Care LLC offers insurance verification as an information service only. Information gathered during the requested research will be provided by the insurer or third-party payer. Results of this research are not a guarantee of coverage or reimbursement in the future. Extremity Care LLC disclaim liability for payment of any claims, benefits, or costs.

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