



**SERVICED BY;**  
ACZ & Associates, LLC  
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**ACZ DISTRIBUTION**  
NEVADA, USA

## INSURANCE VERIFICATION REQUEST

☐ Membrane Wrap Q4205 ☐ Membrane Wrap hydr Q4290 ☐ Membrane Tri Layer Q4344 ☐ Revoshield Q4289 ☐ Dermabind Q4313 ☐ Esano aca Q4275

REPRESENTATIVE NAME: \_\_\_\_\_ ISO IF APPLICABLE: \_\_\_\_\_

ADDITIONAL EMAILS FOR NOTIFICATION (REQUIRES BAA): \_\_\_\_\_

### TREATING PHYSICIAN AND FACILITY DEMOGRAPHIC INFORMATION

		PHYSICIAN	FACILITY
PHYSICIAN NAME: _____	NPI: _____	_____	_____
PHYSICIAN SPECIALTY: _____	TAX ID: _____	_____	_____
FACILITY NAME: _____	PTAN: _____	_____	_____
FACILITY ADDRESS: _____	MEDICAID #: _____	_____	_____
CITY, STATE, ZIP: _____	PHONE #: _____	_____	_____
CONTACT NAME: _____	FAX #: _____	_____	_____
CONTACT PH/EMAIL: _____	MANAGEMENT CO: _____	_____	_____

### PLACE OF SERVICE WHERE PATIENT IS BEING SEEN:

☐ PHYSICIAN OFFICE (POS 11) ☐ HOSPITAL OUTPATIENT (POS22) ☐ SURGERY CENTER (POS 24) ☐ HOME (POS12)  
☐ NURSING CARE FACILITY (POS 32 ) ☐ OTHER (PLEASE SPECIFY): \_\_\_\_\_

### PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_  
PATIENT ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
PATIENT PHONE: \_\_\_\_\_ PATIENT FAX/EMAIL: \_\_\_\_\_  
PATIENT CAREGIVER INFO: \_\_\_\_\_

#### PRIMARY

INSURANCE NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
PAYER PHONE: \_\_\_\_\_

#### SECONDARY

INSURANCE NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
PAYER PHONE: \_\_\_\_\_

PROVIDER STATUS: ☐ IN-NETWORK ☐ OUT-OF-NETWORK PROVIDER STATUS: ☐ IN-NETWORK ☐ OUT-OF-NETWORK

DO WE HAVE YOUR PERMISSION TO INITIATE AND FOLLOW UP ON PRIOR AUTHORIZATION? ☐ YES ☐ NO

IS THE PATIENT CURRENTLY IN HOSPICE? ☐ YES ☐ NO

IS THE PATIENT IN A FACILITY UNDER PART A STAY? ☐ YES ☐ NO IF YES, PART B SERVICES CANNOT BE BILLED.

IS THE PATIENT CURRENTLY UNDER A POST-OP GLOBAL SURGICAL PERIOD? ☐ YES ☐ NO

IF YES, PLEASE LIST CPT CODE(S) OF PREVIOUS SURGERY: \_\_\_\_\_ SURGERY DATE: \_\_\_\_\_

#### LOCATION OF WOUND:

LEGS/ARMS/TRUNK  $\leq$  100 SQ CM ☐ 15271/15272

LEGS/ARMSTRUNK  $\geq$  100 SQ CM ☐ 15273/15274

FEET/HANDS/HEAD  $\leq$  100 SQ CM ☐ 15275/15276

FEET/HANDS/HEAD  $\geq$  100 SQ CM ☐ 15277/15278

ICD-10 CODES:

TOTAL WOUND SIZE AND / OR MEDICAL HISTORY: