

1664 Larkin Williams Road * Fenton, MO 63026
p. 1-855-855-8484
f. 1-877-219-6077



Fax

To:	DR KETHA	From:	ASHLEE / BARBARA
Fax:	972-675-7310	Date:	8/19/2014 / 10/3/2014
Phone:		Page:	2 Includes cover sheet
Re:	TXIX		

x Action Required

For Review

Please Comment

Please Reply

Please Recycle

Please provide all DX codes that apply for supplies listed. Note: If incontinence is DX Code – Please provide the incontinence code and also provide secondary DX code for underlying cause of incontinence.

Comments: The following patient has requested that we bill their insurance for the medical supplies listed. In order to bill these supplies, it is required that we have a completed Physician's order form for the patient's file. Please complete the attached form in its entirety and fax it back to us at **1-877-219-6077** to ATTN: XXXX. If you have difficulties with the original fax number, please use our alternate fax at **1-636-349-4440**. If you have any questions, please call us at **1-855-855-8484**.

Patient:	JACKSON, AARON	Date of Birth:	11/23/1973
Supplies:	LUBRICANT		

Thank you -

STL Medical Supply

Managed Care Department

855-855-8484

FAX: 877-219-6077

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