From: CLAUDINE J

1664 Larkin Williams Road 'Fenton, MO 63026 p. 1-888-613-8688 f. 1-800-988-0199

To:



## Fax

To:	DR KETHA SUMANA	STEPHANIE SCOTT					
Fax:	972-675-7310	Date:	1/22/2014				
Phone:	972-675-7313	Page:	3 Includes cover sheet				
Re:	TITLE XIX	·					

x Action Required Please Reply Please Recycle For Review Please Comment

## \*\*PLEASE INCLUDE PRIMARY AND SECONDARY DIAGNOSIS FOR THE 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 1-800-988-0199 to ATTN STEPHANIE SCOTT. 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:	AARON JACKSON	Date of Birth:	11/23/1973
Supplies:	INCONTINENCE AND UROLOGIC	CAL SUPPLIES	

Thank you -

STEPHANIE SCOTT

STL Medical Supply

Managed Care Department

855-855-8484 x 155 (p) 800-988-0199 (f)

This facsimile contains information which is (a) may be LEGALLY PRIVILEGED, PROPRIETARY IN NATURE, OR OTHERWISE PROTECTED BY LAW FROM DISCLOSURE, and (b) is intended only for the use of the Addressee(s), you are hereby notified that reading, copying, or distributing this facsimile is prohibited. If you received this facsimile in error, please telephone us immediately and mail the facsimile back to us at the above address. Thank you.

From: CLAUDINE J Fax: +1 (262) 287-0804 (Title XIX) Divie/medical Supplies Physician Order Form

See instructions for completing Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form, This order form cannot be accepted beyond 90 days from the date of the physician's signature.

	-	sted Durable M mpleted by (che		-	-	upplie	r						
				Client	Inform	ation							
Client Nam	e: JACK	SON, AARON	l	Medicaid	number	: 506	077423		Date	of birth	: 11 / :	23 / 19	973
				Supplie	r Infori	matio	n		•				
Name: §	ST. LOU	IS MEDICAL S	SUPPLY		Tel	lephor	ne: 855	-855-8	3484 Fax	x numbe	er: 877-	219-60	777
Address: 1	1664 LAI	RKIN WILLIAN	MS ROAD, FE	NTON, MO 6	3026								
TPI: <b>1</b> 6	6891920	2 NPI:	1730109588	<del></del>		2B00	000X				: DM2		
QRP name:					RP TPI:					NPI:			
		vices being suppressibled items a										essity a	and
		es provider repre			***************************************	·····			Date: 01 /	22		014	
~~~~~	***************************************	es provider repre				~~~~~~~	NIE SC	OTT					
				Prescribing Pl									
Name: Sl	JMANA	KETHA	Tele	phone: 972-	675-73	13		F	ax number:	972	2-675-7	310	
Item	HCPCS		Description of		Quan	tity	Price		Prior	1	eyond	Custom	
Number	Code	DN	AE/medical suppli	es				1	thorization required?		iantity imit? <sup>†</sup>	item? <sup>†</sup>	
1	A4927	A4927 GLOVES NONSTERILE PER 100		2		N/A	пY	ΣχN	ВΥ	ЖN	пΥ	χN	
2	A4554	4554 DISPOSABLE UNDERPADS			150	1	N/A	ΒY	₹N	ΠY	₹N	пΥ	ХN
3	A4335	ADULT DISPO	SABLE WASH	CLOTHS	5		N/A	ΒY	ξχN	ΠY	ξχN	пΥ	χ̈́N
4	A4335	2		N/A	пY	ΣN	пΥ	<b>¾</b> N	пY	χN			
1. If "Yes."	ı.,	I documentation	must be provide	ed to support de		ation o		necess	sity.				
		sis and Medica											
	_	o for DME/supplie			prescril	bing pi	h <u>ysician.</u>						
ltem	ICD-9	9	Brief Diagnosis I	Descriptor			C	-	e justification				
Number <sup>2</sup> (From									al necessity for efer to Section	•		;) <del>-</del>	
Section A)	70/20	9											
1-4	1000	30 NY MZ	ary inc	onthe	nce								
1-4	34	00 qua	dripleo	<u> </u>									
				,									
	l	_											
<b>2.</b> Each iter	n request	ed in Section A m	nust have a corre	lating diagnosi:	s and me	edical	necessity	justific	ation.				
		bers from the tabl							umbers may	be ente	red.		
If applicab	<b>le</b> , includ	e height/weight,	wound stage/di	mensions and f	unctiona	al/mob	oility statu	is:					
Note: The	'Data last	seen" and "Dura	rtion of nood" its	me must ba fill	ad in	Т	Date lact	seen h	y physician:	01	1 /	7011	1
				ems <u>must</u> de rin	,					اران	11 (	2016	ł
Duration of		DME: hereby attest tha	month (s)	in Section "A" 1	1		need for s		*		nth (s)	o at the	tima at
my signatu	re and is co	onsistent with the rtify the prescribe	determination of	the client's curr	ent <u>me</u> di	ical ne	essity and	i presci	iption. By pre	scribing	the ident		
		ation of prescribi				1	IR.	************		ate: ()		111	/
									-	- X	11		
				ignature stamps	۱ <del>) حس</del> and dat	estam	ps ave not	accent	able	0		,	/
Praccribina	nhyeidian	's license number	1, 201	ignature stamps	and dat	estam	ps are not	accept	able	0			<i>1</i>

From: CLAUDINE J Fax: +1 (262) 287-0804 (Title XIX) Divie/medical Supplies Physician Order Form

See instructions for completing Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form, This order form cannot be accepted beyond 90 days from the date of the physician's signature.

	,	,													
	-		le Medical I (check one):		-	-	ıpplie	er							
					Client	Inform	ation	1							
Client Nam	e: JACK	SON, AAR	RON		Medicaid	number	: 506	077423		Da	ate of birth	: 11 /	23 / 19	73	
					Supplie	r Infor	natio	n							
Name: §	ST. LOU	IS MEDICA	AL SUPPLY		•••	- 1		ne: 855-	-855-8	3484	Fax numb	er: 877	-219-60	)77	
Address: 1	664 LA	RKIN WILL	JAMS ROA	D, FENT	ON, MO 6	3026									
TPI: 16	891920	2 1	NPI: 17301	09588	Taxonor	ny: 33	2B00	)000X		Ве	enefit Code	: DM2			
QRP name:					Q	RP TPI:					QRP NPI:		_		
			supplied une ems are appr										cessity a	nd	
DME/medic	cal supplie	es provider re	epresentative	signature:	Stephani	ie Scota	7		[	Date: 01	/ 22	/ 2	2014		
DME/medic	cal supplie	es provider r	epresentative	name (Typ	ed or Printe	d): STI	EPH/	ANIE SC	OTT						
				Pres	scribing Ph	nysiciar	Info	rmation							
Name: Sl	JMANA	KETHA		Telepho	ne: 972-6	675-73	13		F	ax numbe	er: 97	2-675-7	310		
item Number	HCPCS Code		Descript DME/medica			Quan	tity	Price		Prior thorization required?	n q	Beyond quantity limit? <sup>1</sup>		Custom item? <sup>1</sup>	
1	A4402	LUBRICAN	NT PER OUN	ICF		8		N/A	пΥ	s <sub>X</sub> N	ΠY	N	□ <b>Y</b>	χN	
2	A4353		TANT CATH		TION	180		N/A	ΠY		υY	₹N	пΥ	χN	
3	74500	IIVI EI (IVIII)	TAIT OATT	···	TION	100		1473	ΩY	N	ΠY	N	пΥ	n N	
4									пΥ	пN	пΥ	□ N	ΠY	□ N	
1 16 #V #								-f					l		
			tion must be	-		etermine	iuon	or medical	neces	sity,					
	_		edical Need opplies and m			prescril	oina p	hvsician.							
Item	ICD-9			gnosis Desc	•	-			omplet	e justificat	tion for det	erminatio	n of		
Number <sup>2</sup> (From										•	y for reques	-	<b>S</b> } <sup>2</sup>		
Section A)									(1)	eiei (O Sec	.doii A, 1001	note i)			
1-4	344	60 au	Madri	plear	<b>D</b> A										
,	l			' )	•										
	1	-	· <del>-</del>												
2. Each iter	n request	– ⊥ ed in Section	n A must have	a correlatir	ng diagnosis	and me	edical	necessity	iustific	ation.					
	•		table in Sect						-		nay be ente	ered.			
If applicab	<b>le</b> , includ	e height/wei	ight, wound s	tage/dimen	nsions and fo	unction	al/mol	bility statu	ıs:						
Note: The *	'Date last	seen" and "l	Duration of n	eed" items	<u>must</u> be filk					y physicia	n: <u>Q</u> /	1 /	14		
Duration of	f need for			ith (s)		1		need for s				nth (s)			
					antina MAN 1		ycent	ion of the	DME or	ovider's sig	gnature, wa	s comple	te at the		
my signatui	re and is co	nsistent with	it that the info h the determin	ation of the	client's curre	ent medi	icəl ne	cessity and	i presci		prescribing	the ideni	tified DM	E and/or	
my signatui medical sup	re and is co oplies, I cer	onsistent with tify the preso	h the determin cribed items a	re appropria	client's curr	ent medi	icəl ne	cessity and	i presci		prescribing ed as prescr	the ideni	tified DM	E and/or	
my signatui medical sup	re and is co oplies, I cer	onsistent with tify the preso	h the determin	nation of the re appropria cian:	client's curre te and can sa	ent medi afely be	ical ne used in	cessity and	i presci 's hom	e when use	prescribing	the ideni	tified DM	E and/or	
my signatur medical sup Signature a	re and is co oplies, I cer and attest	onsistent with tify the preso ation of pres	h the determin cribed items a cribing physic	nation of the re appropria cian:	client's curr	ent medi afely be	ical ne used in	cessity and	i presci 's hom	e when use	prescribing ed as prescr	the ideni	tified DM	E and/or	
my signatui medical sup	re and is co oplies, I cer and attesta physician	onsistent with tify the preso ation of presons is license nur	h the determin cribed items a cribing physic	nation of the re appropria cian:	client's curre te and can sa	ent mediafely be	ical ne used in Contraction	n the client	d presci c's hom	e when use	prescribing ed as prescr	the identified.	<u>'</u>	E and/or	