INNOVA MEDICAL PRODUCTS

Northeast Medical Products, Inc

DME Order Checklist for Referring Providers

Please fax the following information to help us process your Durable Medical Equipment (DME) order quickly and accurately. Incomplete submissions are the most common cause of processing delays.

- ☐ **Patient demographics**
- ☐ **Completed Rx form**, signed and dated with either a wet signature or "Electronically signed by..."
- ☐ **Current insurance information**, with copy of front and back of insurance card
- ☐ **Medical records dated within the last 6 months**, indicating need for the equipment

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Before You Fax

- ☐ Confirm all pages are legible and complete
- ☐ Confirm the order is signed and dated by the prescriber
- ☐ Confirm all quantities are correct
- ☐ Confirm diagnosis codes, number of refills, and length of need are on the Rx and all coverage questions have been completed
- ☐ Include a cover sheet noting the number of pages and a callback number in case we have questions

Fax to: 860-388-0368

Questions? Call us at: 860-388-1437

This checklist is a general guide. Specific documentation requirements can vary by insurance payer and equipment type — our team will follow up if anything additional is needed.

Northeast Medical Products, Inc

520 Boston Post Rd, Old Saybrook, CT 06475
860-388-1437 FAX: 860-388-0368
www.northeastmedicalproducts.com
An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

INCONTINENCE PRODUCTS PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Height _____ Weight _____

Diagnosis Codes _____ Length of Need _____ Refills _____

Alternate Contact Name _____ Relationship _____ Phone _____

ADULT PULL-UPS

Quantity (**EACH**) per month: _____

SELECT SIZE:

	PULL-UPS (UNDERWEAR)		
☐	SM	20-34"	22/PK
☐	MED	34-44"	20/PK
☐	LG	44-58"	18/PK
☐	X-LG	58-68"	14/PK
☐	XX-LG	68-80"	12/PK

ADULT BRIEFS W/TAPE TABS

Quantity (**EACH**) per month: _____

SELECT SIZE:

	BRIEFS WITH TAPE TABS		
☐	SM	20-31"	16/PK
☐	MED	32-44"	20/PK
☐	LG	45-58"	20/PK
☐	X-LG	59-64"	20/PK
☐	XX-LG	UP TO 73"	12/PK

BABY/YOUTH PRODUCTS

Quantity (**EACH**) per month: _____

SELECT SIZE:

	BABY, YOUTH PRODUCTS		
☐	DIAPER	35+ LBS	23/PK
☐	DIAPER	41+ LBS	20/PK
☐	UNDERWEAR	38-65 LBS	17/PK
☐	UNDERWEAR	65-125 LBS	12/PK

GLOVES VINYL EXAM NONSTERILE (100/BX)

SELECT: SM MED LG XLG

Quantity (**BOX**) per month: _____

DISPOSABLE PANT LINERS

Quantity (**EACH**) per month: _____

DISPOSABLE UNDERPADS

Quantity (**EACH**) per month: _____

SELECT:

	PANT LINERS, UNDERPADS
☐	PREVAIL CONTROL PADS WITH POLY BACK #PV915 (39/PK)
☐	DIGNITY BARRIER FREE BOOSTER PADS #HUM26954 (48/PK)
☐	PREVAIL UNDERPAD FLUFF 23x36" GREEN #UP150 (25/PK)

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____

Physician Signature Date