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.**

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- ☐ **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

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*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*

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# MASTECTOMY PRODUCTS PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____

Alternate Contact Name _____ Relationship _____ Phone _____

**PLEASE SELECT A SECOND DIAGNOSIS CODE BELOW TO ACCOMPANY THE SELECTED Z CODE:**

**Diagnosis codes:**

- [X] Z90.10 Acquired absence of nipple and breast (mastectomy)
- [ ] C50.019 Neoplasm of female breast, nipple and areola
- [ ] C50.119 Neoplasm of female breast, central portion
- [ ] C50.219 Neoplasm of female breast, upper inner quadrant
- [ ] C50.319 Neoplasm of female breast, lower inner quadrant
- [ ] C50.419 Neoplasm of female breast, upper outer quadrant
- [ ] C50.519 Neoplasm of female breast, lower outer quadrant
- [ ] C50.619 Neoplasm of female breast, axillary tail
- [ ] C50.819 Neoplasm of female breast, other specified sites
- [ ] C50.919 Neoplasm of female breast unspecified
- [ ] C79.81 Secondary malignant neoplasm of breast
- [ ] D05.90 Carcinoma in situ of breast
- [ ] I97.2 Post mastectomy lymphedema syndrome

**Equipment ordered:**

_____ L8030 Silicone breast prosthesis without adhesive
_____ Right _____ Left

_____ L8000 Mastectomy bras
Number of bras _____

Length of Need _____

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____
Physician Signature Date