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

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860-388-1437 FAX: 860-388-0368
www.northeastmedicalproducts.com
An Innova Medical Group Company

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NEBULIZER PRESCRIPTION FORM

Patient Demographics:

Patient Name _____

Address _____

Email _____

Phone _____ **Alt Phone** _____

DOB _____ **Height** _____ **Weight** _____

Alternate Contact Name _____ **Relationship** _____ **Phone** _____

Please check all that apply:

- ☐ a. It is reasonable and necessary to administer albuterol, arformoterol, budesonide, cromolyn, formoterol, ipratropium, levalbuterol or metaproterenol for the management of obstructive pulmonary disease.
- ☐ b. It is reasonable and necessary to administer dornase alpha to a beneficiary with cystic fibrosis.
- ☐ c. It is reasonable and necessary to administer tobramycin to a beneficiary with cystic fibrosis or bronchiectasis.
- ☐ d. It is reasonable and necessary to administer pentamidine to a beneficiary with HIV, pneumocystosis, or complications of organ transplants.
- ☐ e. It is reasonable and necessary to administer acetylcysteine for persistent thick or tenacious pulmonary secretions.

Nebulizer Compressor Information – Based on the above information, the following items are needed by this patient for the stated length of need:

Item – Description (Please check applicable):

- ☐ Nebulizer Compressor with Tubing & Mouthpiece (E0570)
- ☐ Adult Nebulizer Mask
- ☐ Pediatric Nebulizer Mask
- ☐ Replacement Tubing and Mouthpiece _____ Number of Refills

ICD-10 Code(s) _____

Length of Need _____

PLEASE SUPPLY A COPY OF THE CLINICAL NOTES FROM THE FACE-TO-FACE VISIT
(ALL CLINICAL NOTES MUST BE EITHER ELECTRONICALLY SIGNED OR HAVE A WET SIGNATURE)

Prescribing Physician's Name _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____

Physician Signature Date