

# FAX COVER SHEET

## NEW PATIENT REFERRAL

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_ (including cover sheet)

To:	Luna Medical, Inc.	From:	(First name, Last name)
Attn:	<b>Patient Referrals Dept.</b>	Clinic:	
Phone#:	1-800-380-4339	Phone#:	(xxx-xxx-xxxx)
Fax#:	<b>1-888-696-0299</b>	Fax#:	(xxx-xxx-xxxx)

Patient name: \_\_\_\_\_

### PLEASE INCLUDE ALL THE INFORMATION REQUESTED BELOW

\*FORMS (1-5) ARE SUPPLIED BY LUNA MEDICAL

\*A NOTICE OF PRIVACY PRACTICES FORM SIGNED BY THE PATIENT OR  
GUARDIAN (VERY IMPORTANT FOR HIPAA REGULATIONS)

### CHECKLIST:

- \_\_\_ 1) Patient Data form (this form can be filled out by the patient)
- \_\_\_ 2) Patient Clinical History form (this form can be filled out by the patient)
- \_\_\_ 3) Product Information form
- \_\_\_ 4) Notice of Privacy Practices form (with patient or guardian signature)  
\*this form may have already been faxed with your initial request for benefits
- \_\_\_ 5) Measurement form(s) for product(s) ordered
- \_\_\_ 6) Copy of patient insurance card (front and back; please enlarge, if possible)
- \_\_\_ 7) Copy of patient face sheet from your clinic  
\*this form may have already been faxed with your initial request for benefits
- \_\_\_ 8) Your initial evaluation (if available)

\*Luna Medical will obtain all documentation (Certificates of Medical Necessity, Letters of Medical Necessity and/or Pad prescriptions) from the referring physician. We need to make sure we have the appropriate documents needed for insurance authorizations and claim payments for your patients' products.

Special Requests/Comments:

Notice: The information contained in this facsimile transmission is confidential and intended for the personal use of the person named above as the addressee. If the reader of this message is not the intended recipient, or the employee of the agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this message communication is strictly prohibited. It may be a violation of the confidentiality sections of the U.S. Internal Revenue code or state statutes and could be subject to legal action. If you have received this communication in error, please notify us by phone and return the original message to us at the address shown above.