FAX COVER SHEET

REQUEST FOR INSURANCE BENEFITS

Date: ________________ Number of pages: _______ (including cover sheet)

To:	Luna Medical, Inc.	From: (First name, Last name)
Attn:	**Benefits Dept.**	Clinic:
Phone#:	1-800-380-4339	Phone#: (xxx-xxx-xxxx)
Fax#:	**1-888-696-0299**	Fax#: (xxx-xxx-xxxx)

Patient name: ______________________________________

PLEASE INCLUDE THE INFORMATION REQUESTED BELOW:

-A COPY OF THE PATIENT FACE SHEET FROM YOUR LYMPHEDEMA CLINIC

-AN ENLARGED COPY OF THE FRONT AND BACK OF THE INSURANCE CARD (IF AVAILABLE)

-A NOTICE OF PRIVACY PRACTICES FORM
(VERY IMPORTANT FOR HIPAA REGULATIONS)
DO NOT FORGET TO HAVE THIS FORM SIGNED BY THE PATIENT OR GUARDIAN

ANTICIPATED PRODUCTS REQUESTED: PLEASE CIRCLE

ELASTIC SUPPORT JUZO JOBST MEDI

NON-ELASTIC SUPPORT CIRCAID JOVIPAK REIDSLEEVE TRIBUTE

PRESSOTHERAPY LYMPHA PRESS

AFFECTED EXTREMITY(IES): RIGHT ARM LEFT ARM BOTH ARMS

RIGHT LEG LEFT LEG BOTH LEGS

Luna Medical, Inc. will obtain benefits and fax them back to the clinician. Please provide a copy of the faxed benefits to your patient. We will mail your patient a welcome packet. After a formal referral has been made (i.e. New Patient Referral fax cover with requested documents have been faxed), we will verbally contact the patient and verify the following: benefits, financial responsibilities, physician information, shipping information, turnaround time for medical products and the process for authorizations and/or filing claims.

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.