



We're so *swell* - you don't have to be
Compression *wear* it counts.

Specialists in Venous & Lymphatic Insufficiencies

LUNA MEDICAL, INC. · 1816 WEST BELMONT AVENUE, SUITE 1, CHICAGO, IL 60657

PHONE (800) 380-4339 · FAX (888) 696-0299 · WWW.LUNAMEDICAL.COM · INFO@LUNAMEDICAL.COM

ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

FAX COVER SHEET

NEW PATIENT REFERRAL/REQUEST FOR INSURANCE BENEFITS

Date: _____ Number of pages: _____ (including cover sheet)

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

Patient Name: _____

ALL REFERRAL FORMS AND MEASURING FORMS CAN BE ACCESSED ON OUR WEBSITE AT www.lunamedical.com THESE MEASUREMENT FORMS ARE CONTINUALLY UPDATED SO YOU KNOW WHAT PRODUCTS AND PRODUCT OPTIONS ARE AVAILABLE FROM EACH MANUFACTURER.

***ANTICIPATED MEDICAL PRODUCTS (PLEASE CIRCLE):**

ELASTIC SUPPORT: JUZO JOBST LYMPHEDIVAS MEDI SIGVARIS SOLARIS

NON-ELASTIC SUPPORT: BIACARE CIRCAID FARROW JOVI REIDSLEEVE SOLARIS

*Luna Medical will obtain a Certificate of Medical Necessity (prescription) for all products requested

CHECKLIST:

- Patient Data Form OR copy of Patient Face Sheet from your clinic
*Please note name of REFERRING DOCTOR and BEST CONTACT NUMBER FOR PATIENT
- Notice of Privacy Practices Form
- Clinical History Form
- Measurement Form(s) for product(s) ordered

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. Luna Medical, Inc. 6/2015



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PATIENT CLINICAL HISTORY

Patient Name: _____

Outpatient, Rehabilitation Lymphedema Treatment Program: [] Yes [] No

Name of Hospital or Facility: _____

Diagnosis: [] I87.2 Venous insufficiency (chronic) (peripheral) [] I89.0 Lymphedema, not elsewhere classified
[] Other _____

Affected Extremity: [] Upper Left [] Upper Right [] Lower Left [] Lower Right [] Abdomen [] Buttocks [] Face/Neck

History includes Cellulitis/Lymphangitis infections: [] Yes [] No

Primary Lymphedema: [] Milroy's Disease (at birth) [] Lymphedema Praecox [] Lymphedema Tarda
[] Klippel-Trenaunay Syndrome [] Other _____

Secondary Lymphedema (Cancer):

[] Breast [] Melanoma [] Cervical [] Ovarian [] Uterine [] Vulvar [] Prostate [] Head/Neck [] Other _____

If Breast Cancer Surgery: [] Lumpectomy [] Mastectomy

Cancer Surgery: [] Axillary Node Dissection [] Axillary Node Removal
[] Groin Node Dissection [] Groin Node Removal

Month/Year of Surgery: ____/____

[] Radiation Therapy [] Chemo Therapy

Secondary Lymphedema (Venous Lymphatic Insufficiency):

[] Venous Ulcers [] Dermatitis [] Weeping fluid [] Deep Vein Thrombosis (DVT) [] Post Phlebotic Syndrome [] Limb
Heaviness [] Fibrosis [] Other _____

Completed By: _____ Date: _____

PRODUCTS REQUESTED

Daytime, Elastic Support:

Manufacturers: Jobst Juzo LympheDivas Medi Sigvaris Solaris (EXO)

Body Part: Arm Hand Glove Hand Gauntlet Vest Calf Thigh Toe Glove Boxer Capri Pantyhose
 Biker-Shorts Facial/Mandibular

Daytime, Non-Elastic Support:

Manufacturers: BiaCare CircAid Farrow Solaris Juzo

Body Part: Calf/Foot

Nighttime, Non-Elastic Support:

Manufacturers: CircAid JoViPak Peninsula Solaris Biacare Farrow

Body Part: Arm/Hand Vest Calf Thigh Boxer Capri Pants Facial/Mandibular Other _____

Type of Garment:

Customized Garment Ready to wear garment

Compression Class:

15-20 mmHg 20-30mmHg 30-40mmHg 40-50mmHg

Measurements:

Completed By: _____ Date: _____



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy:

Luna Medical, Inc. is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates Luna Medical, Inc. to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Luna Medical, Inc. abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Rights:

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

Luna Medical, Inc. is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Luna Medical, Inc. reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

HITECH Amendments

Luna Medical, Inc. is including HITECH Act provisions to its Notice as follows: **HITECH**

Notification Requirements

Under HITECH, Luna Medical, Inc. is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Luna Medical, Inc. is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Business Associates

Effective September 2013, Luna Medical, Inc.'s Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, documentation requirements, and the Omnibus Rule apply directly to the business associate.

Cash Patients/Clients

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct Luna Medical, Inc. to send the e-health record directly to a third party. Luna Medical, Inc. may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health

Luna Medical, Inc. does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Luna Medical, Inc. to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Examples of Disclosure for Treatment, Payment, and Healthcare Operations:

We will use your health information for treatment. Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive. **We will use your health information for payment.** In order to determine your eligibility for equipment and/or supplies, Luna Medical, Inc. may contact your insurance company and disclose healthcare related information. Also, Luna Medical, Inc. will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations. Luna Medical, Inc. may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures:

Business Associates: There are some individuals who are under contract with Luna Medical, Inc. and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

For More Information:

Please contact Luna Medical's Privacy Officer, at (800) 380-4339, if you require additional information and/or want to pursue your rights, including:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;
- Revoking authorizations at any time;
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's General Manager. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.

YOU HAVE A RIGHT TO HAVE A COPY OF THIS FORM AFTER YOU SIGN IT

Patient's Name: _____ Patient's Signature: _____ Date: _____

If this authorization form is signed by a Personal Representative for the individual patient:

Representative's Name: _____ Representative's Signature: _____ Date: _____

Relationship to Patient: _____

Luna Medical, Inc. 6/2015



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HANDOUT FOR NEW PATIENTS

Thank you for allowing us the opportunity to assist you with your garment orders. We look forward to our new and ongoing relationship. Luna Medical, Inc. is solely dedicated to providing compression therapy products for patients diagnosed with Lymphedema and Chronic Venous Disease. Our main billing office and corporate headquarters are located in Chicago, Illinois and we have been working with lymphedema treatment programs nationwide since 1996. Our services include assistance in obtaining authorizations for coverage of lymphedema medical products from the insurance company, insurance billing and case management.

IMPORTANT INFORMATION REGARDING LYPHEDEMA PRODUCTS ORDERS

Luna will verify your insurance benefits for medical products and we will call you to tell you what your deductible and/or co-payment could be after the claim is processed. Unless your coverage is currently payable at 100%, we cannot order garments until we have a verbal OK from you that you accept the possible amount due. We do not bill you until your claim is paid by the insurance company and if claims from other providers are processed before our claim, the amount quoted may be less. If Luna calls and leaves a message, be sure to call us back at our toll free number 1-800-380-4339 or email us through our online portal at www.lunamedical.com. Due to the HIPPA Privacy act, Luna is unable to leave a message detailing this information on your voicemail; however we can email you this information.

Additional garments

A quantity of two sets of elastic support (Jobst, Juzo, Medi) for daytime use are acceptable by insurance companies for wash and wear to prevent cellulitis infections. Patients may order daytime, elastic support every 4-6 months. For initial orders, we order one set of elastic support at a time to insure a proper fit, and patients/therapists can contact us to place 2nd orders once this is determined. Patients may order daytime/nighttime, non-elastic support (CircAid, JoVi, ReidSleeve, Tribute) every year, as needed.

**WE WILL BE MAILING A BROCHURE AND A BUSINESS CARD TO YOUR HOME ADDRESS.
WE WILL CONTACT YOU AFTER WE HAVE RECEIVED MEASUREMENTS FOR YOUR PRODUCTS.**

***Thank you again for the opportunity to assist you with your orders.
We look forward to working with you!***