



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

Specialists in Venous & Lymphatic Insufficiencies

LUNA MEDICAL, INC. · 1057 W GRAND AVENUE, SUITE 1, CHICAGO, IL 60642

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

ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

## PATIENT DATA FORM

**\*Please have this form completed by your patient to insure correct home address and method of contact**

### Patient Information:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Preferred Method of Contact:

Luna has gone Green! By providing us with your email, we can help save the Earth. We can email any necessary documents without jeopardizing your Private Health Information, expedite our response time and communicate important information. Our Luna Advocacy Team is also here to discuss any questions, concerns or requests at #1-800-380-4339.

It's imperative that we have a good phone number or email address to contact you when we receive measurements from your therapist. Your contact information is used solely for processing your orders. We review your insurance benefits, financial responsibilities and product orders with you before we proceed with order placement. Please keep in mind that some products require authorization prior to order placement.

EMAIL \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Emergency Contact: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

### Ship Medical Products to:

PLEASE CIRCLE: Patient Lymphedema Clinic

### Physician Information:

Referring Doctor \_\_\_\_\_ Referring Doctor Phone (\_\_\_\_) \_\_\_\_\_  
First Last

### Primary Insurance Information:

Primary Insurance Name \_\_\_\_\_ I.D.# \_\_\_\_\_

Benefits/Eligibility Phone (\_\_\_\_) \_\_\_\_\_

Name of Insured (policy holder) \_\_\_\_\_ D.O.B. of Insured (policy holder) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is Medicare the patient's Primary Insurance? \_\_\_\_yes \_\_\_\_no I.D.# \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Luna Medical, Inc. 6/2015