



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

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ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

### PATIENT DATA FORM

#### Patient Information:

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

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

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

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

#### Preferred Method of Contact:

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.

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.# \_\_\_\_\_

#### Secondary Insurance Information:

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

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

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

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

Luna Medical, Inc. 6/3/2022