Incontinence Products
Detailed Written Order / Delivery Request

Clinic:

Supplier Address	Supplier Phone	Supplier NPI	Supplier Tax ID	Rep:
19015 S Jodi Road, Ste A, Mokena, IL 60448	708-633-1560	1053364695	201668371	

Date:

Patient information

First name: _____ MI: _____ Last name: _____

Address: _____ Unit/Apt: ____ City, state, zip: _____

DOB: _____ /_____ /_____ Gender: M F

*Email Address: _____ *Mobile phone: (_____) _____

All orders will be confirmed with the patient prior to delivery ☐ *Marque aquí si decea una llamada en español*

*By providing your email/mobile number, you agree to receive email/text messages from Neb Medical Services. Neb Medical will text you only if additional information is needed to process your order. Text **STOP** to opt out at any time. You may also text **HELP** for assistance. Message and data rates may apply.

Insurance information (Incontinence supplies are covered by **Medicaid only**, as primary or secondary insurance)

Primary: _____ ID: _____ Group: _____ Referral #: _____

Secondary: _____ ID: _____ Group: _____

Clinic/hospital information (Please print prescribing provider's name and NPI)

Provider first name: _____ **Last:** _____ **NPI:** _____

Clinic name: _____ Phone: _____

Address: _____ Suite: _____

City, state, zip: _____

Certificate of Medical Necessity – Equipment Prescribed

All fields to be completed by provider

Equipment Prescribed	Waist Size	Brand / Model Numbers	HCPCs	QTY	Frequency of use	Length of need
☐ **Adult Disposable Pull-on Underwear**	☐ Small (20"-28")	Medline, MSC23000	T4525	12 months	200 units / 30 days	99 months (purchase)
	☐ Medium (28"-40")	Medline, MSC13005A	T4526	12 months	200 units / 30 days	99 months (purchase)
	☐ Large (40"-56")	Medline, MSC13505A	T4527	12 months	200 units / 30 days	99 months (purchase)
	☐ XL (56"-68")	Medline, MSC13600A	T4528	12 months	200 units / 30 days	99 months (purchase)
	☐ 2XL (68"-80")	Medline, FIT700A	T4544	12 months	200 units / 30 days	99 months (purchase)
	☐ 3XL (75"-94")	Medline, FIT800	T4544	12 months	200 units / 30 days	99 months (purchase)
☐ **Adult Disposable Brief**	☐ Small (20"-32")	Medline, FITEXTRASM	T4521	12 months	200 units / 30 days	99 months (purchase)
	☐ Medium (32"-42")	Medline, FITBASICMD	T4522	12 months	200 units / 30 days	99 months (purchase)
	☐ Regular (40"-50")	Medline, FITEXTRARG	T4523	12 months	200 units / 30 days	99 months (purchase)
	☐ Large (48"-58")	Medline, FITBASICLG	T4523	12 months	200 units / 30 days	99 months (purchase)
	☐ XL (57"-66")	Medline, FITBASICXLG	T4524	12 months	200 units / 30 days	99 months (purchase)
☐ **Youth Protective Disposable Underwear**	☐ Small/Medium (40-70lbs)	Medline, MSC23001A	T4534	12 months	180 units / 30 days	99 months (purchase)
	☐ Large/XL (60-125lbs)	Medline, MSC23003A	T4534	12 months	192 units / 30 days	99 months (purchase)
☐ **Disposable liner / insert pad**	☐ Moderate (5.5"x10.5")	Medline, BCPE01	T4535	12 months	112 units / 30 days	99 months (purchase)
	☐ Maximum (6.5"x13.5")	Medline, BCPE02	T4535	12 months	112 units / 30 days	99 months (purchase)
☐ **Disposable Underpads for beds/chairs**	☐ 30" x 30"	Medline, MSC281227LB	T4541	12 months	150 units / 30 days	99 months (purchase)

DX:

☐ Urge incontinence (N39.41)
☐ Full incontinence of feces (R15.9)
☐ Urinary incontinence (R39.81)
☐ Other: _____ (_____)
☐ Other reduced mobility (Z74.09)
☐ Muscle weakness (M62.81)
☐ Difficulty in walking, not elsewhere classified (R26.2)
☐ Need for assistance with personal care (Z74.1)
☐ Adult failure to thrive (R62.7)

Start date of the order: _____ /_____ /_____ **Brief narrative of medical necessity:**

Provider signature: stamped signatures not acceptable **Provider credentials:** **Signature date:**

Fax to Neb Medical Services with a copy of insurance card – main fax (866) 422 – 9127, alternative fax (708) 995 – 5084