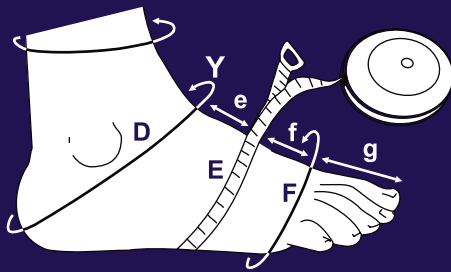


MEASURING FOR CUSTOM-MADE PRESSURE GARMENTS

ORDER FORM



Revised January 2013

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2424 East University Drive, Phoenix, Arizona 85034
voice: 602-267-7854 • toll-free: 800-421-5647 • fax: 602-273-6931

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Order Form

Typical *Order Form* from a hospital paying by purchase order. Include a "Need By" date to ensure prompt delivery.

Required information for all patients new and existing:

- last name
- first name
- date of birth
- sex
- diagnosis

Patient's address and telephone number are required only if we will be billing the patient or shipping to patient.

If we are to bill the patient's insurance, fill in the information in the bottom left. Otherwise leave it completely blank. Attach required documentation as specified.

Please fill this form in completely and accurately. Incomplete information could result in delayed delivery.

ORDER FORM
 CUSTOM PRESSURE GARMENTS
 SUBMIT THIS FORM WITH ALL ORDERS, REORDERS & ALTERATIONS



PLEASE DO NOT WRITE IN MARGINS

2424 East University Drive, Phoenix, Arizona, U.S.A. 85034-6911
 VOICE: 800-421-5647 / 602-267-7854 • FAX: 800-650-9424 / 602-273-6931
 e-mail: bio-con@bio-con.com • worldwideweb: http://www.bio-con.com

Bio-Concepts Patient Number **PAT** _____

New Patient Existing Patient

ORDER DATE: 06/07/2013 NEED BY DATE: 06/21/2013
MM/DD/YYYY MM/DD/YYYY

SHIP TO Facility Patient Specify Shipping Method: UPS 2-day

REQUIRED PATIENT INFORMATION

Date of Birth 02/14/1968 Gender F NOTE: Bio-Concepts Custom Pressure Garments are available only under physician's orders.

MM/DD/YYYY

Last Name Doe First Name Jane

IS THIS A BURN PATIENT? Yes No Edema Traumatic Scar Lymphedema

Desired Pressure: mmHg Other: _____

FACILITY INFORMATION

Purchase Order # ABC123 Measured by Lisa Mills, OTR

Billing Contact Purchasing Dept. (602) 123-4567

Billing Telephone (602) 123-8910 Quickest way to contact you: Telephone/Pager/Fax/Email

Name of Facility Desert General

Shipping Address	Billing Address
<u>Rehab Dept.</u>	<u>Accounts Payable</u>
<u>2nd Floor, Rm. 202</u>	<u>P.O. Box 5555</u>
<u>886 E. Sandy Avenue</u>	<u>Phoenix, AZ 85200-5555</u>
<u>Phoenix, AZ 85200</u>	

The full destination address. Include the department, room number, apartment number, etc. If shipping to patient, include the patient's phone number.

The address where we will send our invoice if different from the shipping address. If we are to bill insurance, write "insurance" and provide information below.

IF BILLING INSURANCE/WORKMAN'S COMP/HEALTH PLAN

NOTE: Please leave these spaces blank unless you want us to try billing the patient's health plan. Attach a copy of the prescription, letter of medical necessity, insurance card, and, if available, a copy of the hospital face sheet.

Insurance Carrier _____ Date of Injury _____

Insurance Telephone _____ MM/DD/YYYY

Garment(s) Ordered				
Part No.	Description	Qty L	Qty R	Total Qty
06	Glove to Wrist	1	1	2
31	Sleeved Vest			1
19	Two Legs to Waist			1
36	Foot Glove		1	1
32A	Full Face Mask			1

NEVER RESEND OLD CHARTS OR OLD MEASUREMENTS TO REORDER

BIO-CONCEPTS USE ONLY
 (Please write nothing in this block)

Download these charts at: www.bio-con.com/custom_garments.php

PLEASE DO NOT WRITE IN MARGINS

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Bio-Concepts Custom Compression Garments are available only under physician's orders.

This example chart is for a patient new to Bio-Concepts. See later chapters for orders for existing patients and alteration requests.

Order Form -- NEW PATIENT EXAMPLE

ORDER FORM

In many ways the **Order Form** is the most important form. Scrupulous attention to every detail will help avoid needless delays.

The **Order Form** should be used when transmitting measurements for a patient new to Bio-Concepts, existing Bio-Concepts patients, and alteration requests. Contact our Order Desk if you or your facility may order frequently. We would be happy to customize the **Order Form** for your unique billing and shipping situation.

Order Information

Patient Number: If the patient is new to Bio-Concepts, leave this blank. Otherwise, entering the six digit id number will assist processing.

New or Existing Patient: Check if the patient is new to Bio-Concepts, or an existing patient.

Order Date: The date you fill out the **Order Form**.

Need By Date: We usually need about five business days between the time we receive a complete order until we can actually ship it. Fill this in, if the patient has a specific date when you will need to fit the garment.

Ship To: Check whether we need to ship the completed order to you at your facility, or to the patient's residence.

Shipping Method: The default shipping method in the US and Canada is First Class US Mail, which is free. Alternate methods may be charged extra.

Required Patient Information

Like any busy medical facility keeping track of our patients is an on-going challenge. Please fill in the Required Patient Information for every order for every new patient, existing patient, and alteration request.

Patient Name

We organize all of our patient records by the Last Name (Surname), First Name (Given Name), so it is important that you spell the name correctly. Do not use nicknames or abbreviations: "William" not "Bill," "Patricia" not "Patty," "Mohammed" not "Mohd."

Date of Birth

Fill in the birth date for every order for new and existing patients.

Diagnosis

Our custom pressure garments are, by default, designed for 25 mmHg pressure at distal extremities (the standard for burn scar treatment). If you check another diagnosis, we will design the garment with the appropriate pressure ranges. If the physician has indicated a different pressure requirement on the prescription, please write that in the blank, "Desired Pressure".

If Shipping to Patient

Many facilities ask us to ship orders directly to the patient. In order to minimize the protected patient information in our possession, we ask that you only give us the patient's address if we will be asked to ship to the patient.

Facility Information

Purchase Order Number

Write the purchase order number in the appropriate blank. If we are billing the patient or the patient's insurance carrier, enter "Patient" or "Insurance" as appropriate. If you or your facility has not ordered from us before, please call and we will open an account for you. Usually this will require a completed credit application and agreement on billing and shipping terms.

Measurer/Fitter

Please enter the name of the person to contact who can help resolve issues and answer questions about how measurements were taken and what is being ordered. Include the telephone number (office, desk, cell, or pager) that would help us get in touch with this person as quickly as possible. Sometimes email would be the best contact option.

Billing Information

Please include the name of the person in your purchasing department and the phone number. Enter the name of your facility and please do not use acronyms or abbreviations. In addition, we will need an address to send the invoice to.

If Billing Insurance/Workman's Comp/Health Plan

Some hospitals do not purchase our products directly. Instead, we will arrange to obtain reimbursement from the patient's health insurance carrier. Use this part of the form to transmit the patient's health coverage information so that one of our reimbursement specialists can contact the carrier in order to obtain authorization. If the hospital is paying for the garment, then this information is not needed.

In order to obtain the proper authorization in advance, Bio-Concepts will require that you attach copies of the hospital face sheet (if available), valid physician prescription, and insurance card (front and back enlarged). Additional documentation, including a letter of medical necessity signed by the prescribing physician and doctor's notes, may also be required.

List the Garments Ordered

List the garments ordered. It is recommended that you do not list all of the options and features. Just list the garments as shown on the Example Order Form. Be sure to write the quantity left, right, and total. Remember that garments such as gloves and stockings one each, not in pairs, so we will interpret a quantity of one as exactly one, not a pair.

Always list the garments on the **Order Form**, we cannot infer the garment from the measurements alone.