The SinuPulse Elite® May Be Insurance Reimbursable!

Please print this form, have your doctor fill it out, and send it directly to your insurance provider along with a copy of your invoice showing product purchase.

Certificate of Medical Necessity

A requirement of your patient's health insurance and/or the Board of Equalization

Patient Name: ______________________ DOB: _______________ Prescription Date: _______________

Address & Phone: Sex: M______ F______ Initial ______

____

______________________________ Renewal ______

HIC#: _______________

Insurance Company (s):
#1______________________________
#2______________________________

Policy/Group # (s):
#1______________________________
#2______________________________

Medical supplies and/or equipment will be needed for ______ months from the above date.

Related Diagnosis with applicable diagnosis code (s):

____

____

Reason supplies and/or equipment is necessary:

____

____

Billing Code: Required Medical Items (if necessary, list additional items on back)

_______________ ____

_______________ ____

_______________ ____

_______________ ____

_______________ ____

Note: The SinuPulse Elite Advanced Nasal Sinus Irrigation System may be eligible for insurance reimbursement using billing code HCPCS-E1399 Durable Medical Equipment (DME), Miscellaneous.

Prognosis: ____________________ Date last seen PRIOR to this prescription: _______________

Physician's Name: __________________________________ Phone Number: ___________________

Complete Address: ____

Medi-Cal Provider #: _______________________ Unique Physician ID Number (UPIN) ______________

Physician's signature: ____ Date: ____________________