WOUND CARE NOW

Durable Medical Supplies Fast - Order Form

Ordering Physician _____ NPI _____

Fax Order Form with Patient Demographics/Face Sheet to: Wound Care Now

(660) 240-9734

or Email to:

orders@fastwoundcare.com

Patient Name: _____

Date of Birth: _____ **Order Date:** _____

Insurance Provider: _____

Ins. ID# _____ **Provider Phone:** _____

Patient is currently receiving Home Health Care or other clinical assistance in the home: ☐ Yes ☐ No

Patient has been provided supplier alternatives: ☐ Yes ☐ No

Length of need: ☐ 30 Days/no refills ☐ 60 Days/Refill x1 ☐ 90 Days/Refill x2

WOUND INFORMATION			
	WOUND #1	**WOUND #2**	**WOUND #3**
Frequency of dressing change?	☐ Daily ☐ Every Other Day ☐ Every Third Day	☐ Daily ☐ Every Other Day ☐ Every Third Day	☐ Daily ☐ Every Other Day ☐ Every Third Day
Additional Wound Information			
ICD-10 Code			

AMERX® WOUND CARE KITS	SECONDARY DRESSING	WOUND #1 DAYS REQ.	WOUND #2 DAYS REQ.	WOUND #3 DAYS REQ.
KITS WITH BORDERED GAUZE				
HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH BORDERED GAUZE • 1g packets Collagen Power (HCPCS - A6010) • 2x2 **OR** 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • 2x2 Gauze Sponge (HCPCS - A6216) • AMERIGEL® Saline Wound Wash	☐ 2"x2" ☐ 4"x4"	☐ 30	☐ 30	☐ 30
HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH BORDERED GAUZE • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • 2x2 Gauze Sponge (HCPCS - A6216) • AMERIGEL® Saline Wound Wash	4"x4"	☐ 30	☐ 30	☐ 30
AMERX® CALCIUM ALGINATE WOUND CARE KIT WITH BORDERED GAUZE • 2x2 AMERX® Calcium Alginate Dressing (HCPCS - A6196) • 4x4 AMERX® Bordered Gauze (HCPCS - A6219) • 2x2 Gauze Sponge (HCPCS - A6216) • AMERIGEL® Saline Wound Wash	4"x4"	☐ 30	☐ 30	☐ 30

AMERX® WOUND CARE KITS	SECONDARY DRESSING	WOUND #1 DAYS REQ.	WOUND #2 DAYS REQ.	WOUND #3 DAYS REQ.
KITS WITH ROLLED GAUZE				
HELIX3-CP® COLLAGEN POWDER WOUND CARE KIT WITH ROLLED GAUZE • 1g packets Collagen Power (HCPCS - A6010) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402) • 1 in. Paper Tape (HCPCS - A4450) • AMERIGEL® Saline Wound Wash	3 in. x 4.1 yard	☐ 30	☐ 30	☐ 30
HELIX3-CM® COLLAGEN MATRIX WOUND CARE KIT WITH ROLLED GAUZE • 2x2 HELIX3® Collagen Matrix (HCPCS - A6021) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402) • 1 in. Paper Tape (HCPCS - A4450) • AMERIGEL® Saline Wound Wash	3 in. x 4.1 yard	☐ 30	☐ 30	☐ 30
AMERX® CALCIUM ALGINATE WOUND CARE KIT WITH ROLLED GAUZE • 2x2 AMERX® Calcium Alginate Dressing (HCPCS - A6196) • 3 in. Rolled Gauze Dressing (HCPCS - A6446) • 4x4 Sterile Gauze Sponge (HCPCS - A6402) • 1 in. Paper Tape (HCPCS - A4450) • AMERIGEL® Saline Wound Wash	3 in. x 4.1 yard	☐ 30	☐ 30	☐ 30

PRESCRIBER APPROVAL

By my signature below, I attest that (1) I am treating the patient identified on this form. (2) the requested supplies are medically reasonable and necessary based on my examination/treatment of the patient. (3) the patient has been instructed on the specific use of the requested supplies and is competent to perform dressing changes, and (4) I am maintaining a copy of this order for my patient's chart and will make it available upon request.

Prescriber Name: _____
(Please Print)

Prescriber Signature: _____

Date: _____

PATIENT APPROVAL ASSIGNMENT OF BENEFITS

I request that payments from any insurance carrier, including Medicare, Medicaid, or private insurance company be made to the medical practice named above for any equipment, supplies, or services provided to me. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to any affiliated Business Associates any information needed to determine benefits payable for these supplies or services. Furthermore, my physician has instructed me on the specific use of the requested supplies and I am competent to utilize the supplies as instructed.

Patient Signature: _____

Date: _____

The product and/or services provided to you are subject to the supplier standards contained in the Federal Regulations shown at 42 Code of Federal Regulation Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operations.) The full text of these standards can be obtained at https://ww.ecfr.gov. (Form 051916-1)