

Nebulizer Detailed Written Order / Delivery Request

Supplier Address: 2130 W. Jefferson, Joliet, IL 60435
 Supplier Phone: (815) 725-1102
 Supplier NPI: 1093720633
 Supplier Tax ID: 36-3488554

Date: _____

Patient Information (Mother Only)		Delivery/ Shipping Info, If different	
First Name:	MI:	Ship to Name: (if different)	
Last Name:		Address:	
Address:		Unit/Apt:	
Unit/Apt:		City, State, Zip:	
City, State, Zip:			
<ul style="list-style-type: none"> ● Cardholder's DOB: ● Cardholder's Name: Patient's DOB: ● Mobile Phone: ● I, the patient, agree to receive text messages from Basinger's pharmacy. I understand Basinger's Pharmacy will text me only if additional information is needed to process my breast pump order. I understand all text messages will stop upon completion of my breast pump order, or if I text STOP to opt out at any time. I may also text HELP for assistance. Message and data rates may apply. ● Patient Signature: 			
Insurance information (Please attach a copy of insurance card)		Commercial HMO's require pre-authorization	
Primary:	ID:	Group:	Referral #:
Secondary:	ID:	Group:	HMO's require referral/pre-auth
Clinic Information		Please print prescribing physician's name and NPI	
Provider first name:	Last:	NPI:	
Clinic name:		Phone:	
Address:		Suite:	
State:	City:	Zip:	
Certificate of Medical Necessity		All fields to be completed by Provider	
Fax to Basinger's Pharmacy with a copy of insurance card and HMO pre-authorization - (815) 725-1844			
Provider Signature:		Provider Credentials:	
		Signature date:	
<u>Equipment prescribed</u>	<u>QTY</u>	<u>Frequcy of use</u>	<u>Length of need</u>
Nebulizer (E0570)	(1)	1 unit / 5 years	99 months - purchase only
Administrator Set Disposable (A7003)	(2)	2 unit / 30 days	99 months - purchase only
Administrator Set Permanent (A7005)	(1)	1 unit / 180 days	99 months - purchase only
Aerosol Mask for Nebulizer (A7015)	(1)	1 unit / 30 days	99 months - purchase only
Filter Disposable (A7013)	(2)	2 unit / 30 days	99 months - purchase only
Start date of order:		Pump serial number:	
		Brand/Model number:	
Dx: (circle)	Unspecified asthma, Uncomplicated j45.909	Bronchitis, Unspecified j40	Chronic bronchitis Unspecified j41.0
		Bronchiectasis Uncomplicated j47.9	Viral pneumonial Unspecified j12.9
	<input type="radio"/> Unless specified here:		
Brief narrative of medical necessity / directions for use: (include name of medication / frequency of treatment - medication is not supplied by Basinger's, this is a CMS requirement)			
Need patients chart notes.			