



108 Chelsea Grove Ct • Pasadena, MD 21122 Phone 410-255-0800 FAX 410-255-3522
 Satellite Offices: Berlin & Salisbury
 EMAIL - requests@fittingsbymichele.com

To allow us to dispense medical supplies and submit a claim for insurance coverage consideration,
Please complete all the items checked below & return by FAX 410-255-3522

Supply valid diagnosis pertaining to medical need of supplies

Sign & Date the order (signature stamps prohibited by CMS)

Attach a recent progress note supporting medical need &/or continued use for requested supplies

Patient Name: _____ DOB: _____

► **Diagnosis & ICD- 10 Code(s):** _____

*Custom Breast Prosthesis (L8035) LEFT RIGHT BILATERAL
 *2 X 3-D SCANS OF CHEST & ANY REMAINING BREAST TISSUE TO CREATE CUSTOM BREAST PROSTHESIS
 *Mastectomy Bras (L8000) x _____

CHECK ALL THAT APPLY & ADD ANY NOTES THAT SUPPORT MEDICAL NECESSITY FOR ABOVE PATIENT

Date & Type of Surgery: _____

- Exhibits asymmetry due to surgical removal of all or part of breast
- Had lymph node removal
- Chest wall changes due to Radiation Weight Loss Weight Gain Additional Surgery _____
- Had a failed reconstructive surgery
- History of lymphedema
- Has experienced bone loss, osteopenia or osteoporosis
- Experiences back, neck or shoulder pain with use of off-the-shelf prosthesis due to weight or less than ideal fit
- Would benefit from & prefer a non-surgical, non-invasive option for symmetry restoration
- Is difficult for patient to achieve acceptable symmetrical appearance with off-the-shelf prosthesis

Notes: _____

Referring Provider: _____ NPI: _____

Address: _____

Phone: _____ FAX: _____

► _____ Date

Referring Provider's Signature (signature stamps are not valid)

Information contained in this document is intended only for the personal and confidential use of the above recipient and may contain confidential or privileged information protected by law. If you have received this communication in error, please notify us immediately by phone and return the original to us by mail. Dissemination, distribution, or copying of this communication is strictly prohibited.

Women's Health and Cancer Rights Act of 1998 (WHCRA) states if a group health plan covers mastectomies, the plan must provide certain reconstructive surgery and other post-mastectomy benefits. These benefits include coverage of all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Date Requested: _____