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 Satellite Offices: Berlin & Salisbury
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*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:** _____

► _____ ► _____
Referring Provider's Signature (signature stamps are not valid) **Date**

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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: _____