

HCPCS-E1399, Durable Medical Equipment (DME)



Your SinuPulse Elite® Purchase May Be Insurance Reimbursable

Print out this form and request it be completed by your physician. Send the form directly to your insurance provider along with a copy of your invoice for possible reimbursement.

Certificate of Medical Necessity

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

Name: _____ DOB: _____ Prescription Date: _____

Address and Phone: _____ Sex: M _____ F _____ Initial _____ Renewal _____

_____ HIC#: _____

Insurance Company (s): Policy/Group # (s): Medical supplies and/or equipment will be needed for _____ months from the above date.

#1 _____ #1 _____

#2 _____ #2 _____

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 potential 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: _____

The SinuPulse Elite® Advanced Nasal Sinus Irrigation System



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