



Description of Item(s) HPCPS Code L7900
Vacuum Erection Device for treatment of
Erectile Dysfunction
 VED Ultra



Physician Information

I have prescribed the Battery Operated Vacuum System, the VED Ultra (CPT/HCPCS Code L7900). It is my expert opinion that a vacuum device is medically necessary to facilitate management of this patient's sexual dysfunction. This prescription will also serve as the Letter of Medical Necessity. Estimated length of need is 99 months (lifetime).

Physician's Name: _____

Address _____

City: _____ State ____ Zip Code _____ Phone _____

Physician's Signature _____ Date _____

Diagnosis

Is patient's erectile dysfunction:

___ 607.84 Organic Impotence

___ 302.72 Non Organic Impotence

The patient has been diagnosed with:

___ 250.00 Non-Insulin Dependent Diabetes Mellitus

___ 250.01 Insulin Dependent Diabetes Mellitus

___ 185 PCA

___ 401.9 Hypertension

___ 952.9 Spinal Cord Injury

___ Other _____

Have you previously purchased a vacuum therapy system? No Yes If yes, when? _____

PATIENT INFORMATION (Please print and fill out entirely)

Full Name _____ DOB ____/____/____

Address _____

City, State, Zip _____

Home Phone _____ Alt Phone _____

Email _____

(*Physician's offices can include a copy of the patient's face sheet to give us more information)

INSURANCE INFORMATION- Please include copies of the front & back of ALL insurance cards listed below

PRIMARY INSURANCE _____ POLICY ID# _____ PHONE _____

GROUP ID# _____

SECONDARY INSURANCE _____ POLICY ID# _____ PHONE _____

(MEDICARE patients please include your secondary insurance if available)



Authorization to Assign Benefits

PERSONAL HEALTH INFORMATION - Please read the Firma Medical Patient Privacy Practices outlined on the back.

I hereby request payment of my authorized carrier to be made on my behalf to Firma Medical for products and services that they have provided me. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of information about me to release any such information to any other insurance company and/or their agents to determine benefits. I understand that Firma Medical bills third-party payors as a courtesy and I am fully responsible for all deductibles, co-insurance and disallowables. I understand the supplier may use and disclose my protected health information for treatment, payment, and health care operations. In the instance the supplier is out-of-network; I authorize the supplier to refer my health information to a provider that will take assignment of my benefits. I understand the supplier is dedicated to using my health information responsibly and in full compliance with the law. I also understand the return policy, and note after date of service insurance carriers will not be reimbursed for the VED. **By my signature below, I agree to authorize to assign benefits and to all financial policies outlined above. I have also read and understand and accept Firma Medical's Notice of Privacy Practices.**

Patient Signature

Firma Medical, 99 Regency Pkwy, Ste. 203, Mansfield, Texas 76063

Date

office (817) 473-7473 fax (817) 473-9639



Patient Privacy Practices

This notice describes how medical information about you may be used and disclosed. Please review it carefully.

Purpose of this Notice: We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at Firma Medical, Inc. (FIRMA). This notice will tell you about the ways in which we may use and disclose your PHI. FIRMA's privacy practices are followed by all departments, sections and units of FIRMA; any member of a volunteer group that interacts with you while you are at FIRMA; and all employees, staff, students and other FIRMA personnel.

Understanding Your Health Record: Each time you interact with FIRMA a record of your interaction is made. Typically, this record contains your diagnoses, questionnaire results, treatment information, and insurance information. This information, often referred to as your health or medical record, serves as means of communication among health professionals who contribute to your care; means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided; tool in educating health professionals; source of information for medical research; source of information for public health officials charged with improving the health of the nation; source of information for planning and marketing; and tool which can be used to assess and continually improve the care rendered and the results achieved. Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

How We May Use and Disclose Information about You: The following categories describe different ways that we use and disclose your **protected health information (PHI)**. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

- **Payment:** We may use and disclose your PHI so that the treatment and services you receive at FIRMA may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about your diagnosis so your health plan will pay us or reimburse you for device provided to you. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Counseling:** We may use and disclose your PHI to peer counselors or other personnel at FIRMA who provide you with medical treatment information or services. For example, a peer counselor teaching you how to use a medical device will review your Health Record to better understand why you are using the device and to provide the best training possible.
- **Treatment Planning:** We may use and disclose your PHI to the physician who prescribed your device. For example, we may provide PHI relating to the treatment response you are having with one of our devices in order to ensure that your physician can plan and provide the best possible care for you.
- **Research:** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one device to those who received another device for the same condition. Most research projects, however, are subject to a special approval process. This process requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy. Before we use or disclose PHI for research, the project will have been approved through this special approval process.
- **Operations:** We may use and disclose your PHI for our business operations. These uses and disclosures are necessary to run FIRMA and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.
- **Business Associates for Payment and Health Care Operations:** We may disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide.
- **As Required By Law:** We will disclose your PHI when required to do so by federal, state, or local law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.