

**Standard Written Order**

**NOTE: Insurance Requires Medical Notes to Support ALL Orders. Please Provide Notes with ALL Orders.**

**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis/ICD Codes: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Left \_\_\_ Right \_\_\_ Bilateral \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Member ID #: \_\_\_\_\_

**Referring Physician/Provider Information**

Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Order Date: \_\_\_\_\_

Continued use of mastectomy products has been deemed medically necessary.  
By signing I agree with products noted below to be dispensed by accredited DME/prosthetics provider.

<u>HCP Code</u>	<u>Product Description</u>	<u>Quantity</u>	<u>Refill/Freq</u>
L8000	Post-Surgery Pocketed Bra _ _ _ _ _	_____	_____
L8015	Post-Surgery Garment/Camisole _ _ _ _ _	_____	_____
L8020	Breast Prosthesis Non-Silicone Form _ _ _ _ _	_____	_____
L8030	Breast Prosthesis Silicone or Equal Without Adhesive _ _ _ _ _	_____	_____
L8032	Nipple Prosthesis, Reusable, Any Type _ _ _ _ _	_____	_____
L8035	Custom Breast Prosthesis Silicone With or Without Adhesive _ _ _ _ _	_____	_____
S8422	Custom Gradient Pressure Aid (Sleeve) _ _ _ _ _	_____	_____
S8424	Gradient Pressure Aid (Sleeve) _ _ _ _ _	_____	_____
S8425	Custom Gradient Pressure Aid (Glove) _ _ _ _ _	_____	_____
S8427	Gradient Pressure Aid (Glove) _ _ _ _ _	_____	_____
S8428	Gradient Pressure Aid (Gauntlet) _ _ _ _ _	_____	_____
A6528	Compression Garment Torso & Shoulder (Bra/Nighttime) _ _ _ _ _	_____	_____
A6568	Compression Garment Torso & Shoulder (Bra/Daytime) _ _ _ _ _	_____	_____

**Medical Records MUST be submitted with written Order. FAX Medical Records & Order to 773-348-2228**

**HMO insurance plans require the physician submit a request for prior approval to them which must be forwarded to us.**

**Order must state the quantity, per side, that the ordering individual is stating as medically necessary.**

All above products are available at

Second Act Cancer Recovery Boutique - Accredited by ABCOP, Inc.  
2768 North Lincoln Avenue, Chicago, Illinois 60614-1321 Phone: 773.525.2228  
Contact: Pattie Cagney Sheehan, CFM - Owner and Certified Mastectomy Fitter  
**Fax: 773.348.2228 or email: [pattie@secondactchicago.com](mailto:pattie@secondactchicago.com)**



Second Act is contracted to receive Medicare, Medicaid, Blue Cross Blue Shield PPO & HMO  
and will file insurance claims on behalf of beneficiaries with these providers.

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