

Fax To: 805-426-8564

Email To: wcm.preverify@gmail.com

ACCOUNT EXECUTIVE



WEST COAST MEDICAL
Insurance Pre-Verification for DME

Insurance Information				<input type="checkbox"/> Group	<input type="checkbox"/> P.I.	<input type="checkbox"/> Work Comp
Patient Name		D.O.B.		D.O.I.		
Primary Insurance Co		Insurance Phone No				
Policy/Claim No		Group No				
Claims Mailing Address		City		ST	Zip	
Applicable ICD-10 Diagnosis code(s)						
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EFFECTIVE OCTOBER 1, 2016, UNSPECIFIED ICD-10 CODES WILL NO LONGER BE ACCEPTED BY INSURANCE COMPANIES						

DME PRODUCTS

ELECTROTHERAPY		ORTHOTICS		ADDITIONAL ITEMS	
	<i>TENS UNIT</i>		<i>LUMBOSACRAL SUPPORT</i>		<i>SPINAL Q VEST</i>
	<i>GLOVE GARMENT</i>		<i>KNEE BRACE</i>		<i>CERVICAL POSTURE PUMP</i>
	<i>WRIST GARMENT</i>		<i>WRIST BRACE</i>		
	<i>SOCK GARMENT</i>		<i>WRIST/THUMB BRACE</i>		
	<i>SHOULDER GARMENT</i>		<i>ANKLE LACE-UP</i>		
	<i>KNEE GARMENT</i>		<i>ANKLE AIR STABILIZER</i>		
	<i>SLEEVE GARMENT</i>				

Referring Provider/PT Name	Preferred Response Method (Email or Fax)
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OFFICE USE ONLY

A large, empty rectangular box with a thin black border, intended for office use.