L5007 Nebulizers

ALLSTATE DME LLC
4949 N. McColl Rd.
McAllen, TX 78504

Phone (956) 992-8866
Fax (956) 287-8586

Provider No. 6385310001

PATIENT: ____________________

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Phone ____________________

DOB ____________________

Policy: ____________________

Initial Date ____________________

Revised Date ____________________

Recertification

Length of Need : ____________________

PHYSICIAN: ____________________

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UPIN __________ **NPI** __________

Phone ____________________

DIAGNOSIS

ICD-9 Code	Description

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	E0570	COMPRESSOR, NEBULIZER
		NEBULIZER, REUSABLE, TUBE & MASK

ADDITIONAL MEDICAL INFORMATION (circle one please)

By signing below, I confirm that the patient needs a small volume nebulizer and related compressor because it is medically necessary for patient to take one of the FDA-approved inhalation solutions; albuterol , arformoterol, budesonide, cromolyn, formoterol, ipratropium, levalbuterol , or metaproterenol; or dornase alpha, tobramycin to a patient with cystic fibrosis or bronchiectasis, pentamidine to a patient with HIV, pneumocystosis, or complications of organ transplants, or acetylcysteine for persistent thick or tenacious pulmonary secretions.

Dear Physician,

The following information was provided to our office as part of the order intake process. Please confirm that the information is correct. If the information is correct it needs to be inserted into the attached Written Order form. Any changes or corrections should also be inserted into the attached form. Once all sections of the Written Order are completed, please sign, date and mail the form back to our office. Thank you.

Clinician Signature ____________________ **Date** ____________________