PLEASE FAX OR E-MAIL THIS REFERRAL FORM AND THE FOLLOWING TO (615) 595-9053 OR INFO@PRETTYINPINKBOUTIQUE.COM

☐ FACE SHEET ☐ INSURANCE CARD IMAGES ☐ PLAN OF CARE ☐ OFFICE NOTES ☐ ANY ADDITIONAL INSTRUCTIONS

PLEASE CALL OR TEXT (615) 777-7465 FOR IMMEDIATE ASSISTANCE COMPLETING THIS FORM

Rx & Certificate of Medical Necessity for MASTECTOMY SUPPLIES

PATIENT INFORMATION

Name	Phone	
Address		
City	State	Zip
Email		
Date of Service	Date of Birth	

PRIMARY INSURANCE	SECONDARY INSURANCE ☐ NO SECONDARY INSURANCE
Company	Company
Policy Number	Policy Number
Group Number	Group Number
Address	Address
City, State & Zip	City, State & Zip
Phone	Phone

Authorization to Assign Benefits to Provider: I hereby request payment of my carrier be made on my behalf to Some Other Company, Inc DBA Pretty In Pink Boutique for products and services that are provided to me. I authorize the holder of medical information about me to release it to Health Care Financing Administration and to its agents as the information is needed to determine these benefits payable for related services.

▶ **Patient Signature**	Date

Referring Agency: **Some Other Company, Inc DBA Pretty In Pink Boutique**

Location:

☐ **Franklin**	☐ **Vanderbilt**	☐ **Murfreesboro**	☐ **Hendersonville**
400 Sugartree Ln Ste 400	719 Thompson Ln Ste 25010	2231 NW Broad St Ste C	131 Indian Lake Rd Ste 213
Franklin TN 37064	Nashville TN 37204	Murfreesboro TN 37129	Hendersonville TN 37075

▶ **Pretty In Pink Representative**	Date

Please Check All That Apply:

- ☐ External Breast Prosthesis Garment with Mastectomy Form Qty:_____ (camisole to be worn during healing process). Code L8015 Qty:_____
- ☐ Compression Bra / Mastectomy Bra with integrated prosthesis. Code L8001 Qty:_____
- ☐ Silicone Breast Prosthesis (normal daily wear). Code L8030 Qty:_____
- ☐ Silicone Breast Prosthesis (custom). Code L8035 Qty:_____
- ☐ Mastectomy Bras (special pocketed bras to hold breast prosthesis, as many as medically necessary). Code L8000 Qty:_____
- ☐ Lymphedema / Mastectomy Sleeve. Code L8010/S8424 Qty:_____
- ☐ Compression Garment, NOS. Code A6549 Qty:_____

Other: _____

ICD-10 Codes:

Mastectomy: [ ] Right [ ] Left [ ] Bilateral
Partial Mastectomy: [ ] Right [ ] Left

- ☐ Z90.10 Acquired Absence of Breast
- ☐ Z90.13 Acquired Absence of Bilateral Breasts
- ☐ Z90.11 Acquired Absence of RIGHT Female Breast
- ☐ Z90.12 Acquired Absence of LEFT Female Breast
- ☐ I97.2 Post-Mastectomy Lymphedema
- ☐ I89.0 Lymphedema, Not Elsewhere Classified
- ☐ _____ Other Dx _____
- ☐ _____ Other Dx _____

PHYSICIAN AUTHORIZATION

Physician Name	Phone	
Address	Fax	
City	State	Zip
Additional Notes		
▶ **Physician Signature**		
NPI	Date	