



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, Address, City, State, Zip, Email, Date, Date of Birth

PRIMARY INSURANCE SECONDARY INSURANCE
Company, Policy Number, Group Number, Address, City, State & Zip, 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.

Patient Signature Date

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

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

Provider Signature Date

Please Check All That Apply:

- External Breast Prosthesis Garment with Mastectomy Form (camisole to be worn during healing process). Code L8015
Compression Bra / Mastectomy Bra with integrated prosthesis. Code L8001
Silicone Breast Prosthesis (normal daily wear). Code L8030
Silicone Breast Prosthesis (custom). Code L8035
Mastectomy Bras (special pocketed bras to hold breast prosthesis, as many as medically necessary). Code L8000
Lymphedema / Mastectomy Sleeve. Code L8010/S8424
Compression Garment, NOS. Code A6549
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, Address, City, State, Zip, Additional Notes, Physician Signature, NPI, Date