



Thank you for your interest in the Electro Flo 5000 Airway Clearance System. For insurance purposes, we require the following information. Please fill out this form and return it by fax to Med Systems @ (858)483-9827 along with a photo copy of the front and back of your insurance card and the preauthorization documents. Currently, the following insurance companies do not provide reimbursement for the Electro Flo 5000 using HCPCS code E1399 (miscellaneous equipment.)

1. Medicare (or Medicare primary, with a private secondary)
2. Medicaid (and any state programs that use Medicare or Medicaid guidelines)
3. GHPP (and any other state's similar program)
4. Tricare (military)

**Patient Insurance Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Patient Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Patient Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Dates of Policy \_\_\_\_\_

**To start the preauthorization process, we need the following:**

1. The prescription that reads 'Electro Flo 5000 Airway Clearance System' and 'No Substitutions', and the patient's diagnosis
2. The Letter of Medical Necessity
3. Clinical notes that support the Letter of Medical Necessity

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