

# How to Order Your Starter Kit

1. Fill in your information
2. Sign the form
3. Fill out the order form
4. Have your Physician complete and sign the prescription form and Letter of Medical Necessity
5. Mail or fax this completed and signed form **AND copies of your insurance card** (front and back) to: *Omni Medical Systems*

## To be completed by patient

### 1. Patient Information

Patient's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
TRICARE Policy #: \_\_\_\_\_

### 2. Assignment of Benefits

I authorize Omni Medical Systems to submit insurance claims on my behalf. I understand that I am financially responsible to Omni for any charges not covered by health care benefits.

(Patient signature is required)

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### 3. Order Form

Order:  AMXDmax™ Starter Kit  
Gender:  Male  Female  
Undergarment:  Medium  Large

## To be completed by Physician

### 4. Prescription

The patient indicated below and on the previous page has been diagnosed with:

Code:  788.30 (Urinary Incontinence,  
Not Otherwise Specified)  
 596.59 (Other Function Disorders of the Bladder)  
 Other Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Length of Need:  Indefinite  12 months

Refills: Dispense as Necessary. Do not Substitute.

### 5. Letter of Medical Necessity

I have prescribed the AMXDmax™ System and disposables. This prescription is for the urine collection system for managing the patient's urinary function and serves as the Letter of Medical Necessity. Dispense as written, fill as necessary, do not substitute.

Additional Medical Necessity Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UPIN # \_\_\_\_\_

NPI # \_\_\_\_\_

License # \_\_\_\_\_

DEA # \_\_\_\_\_

Physician Name: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Mail or Fax This Form to:

**Omni Medical Systems**

115 Catamount Drive, Milton, VT 05468  
Phone: 1(888)799-2693; Fax: 1(802)891-5560