

Yorkville, TN 38389



12320 73rd Court North, Largo, FL 33773

Phone: 888-920-9362 | Web: BioDermInc.com

Email: CustomerCare@BioDermInc.com

Letter of Medical Necessity – Fax Completed Form with Addendum to Medical Records to 888-920-9370

	Per a dispensing order was completed with a physician order start date:					
	Patient Name:		DOB:	Pho	Phone:	
Patient Info	Address:	Cit	ty:	State:	ZIP:	
	Primary			Primary Insurance		
	Insurance:			Phone Number:		
	Secondary Insurance:	Secondary Insurance Secondary Insurance ID Number: Phone Number:				
ICD 10	☐ R32: Unspecified Urinary Incontinence (788.30)	☐ N39.3: Stres	s Incontinence (male) (788.32)	R39.81 Functi	onal urinary incontinence	
	☐ N39.43: Post Void Dribbling (788.35)		ed Incontinence (788.33)		ŕ	
	☐ N39.41: Urge Incontinence (788.31)	☐ N39.45: Continuous Leakage (788.37)				
	☐ N39.44: Nocturnal Enuresis (788.36)	□ N39.498: Ot	her Specified Urinary Incontine	ence (788.39)		
Medical Records Required for	Below are examples of medical reason patient is unable to use a condom catheter. Please include reason your patient is not able to use condom catheter, attach supporting records.					
	N4883 Acquired Buried Penis Q5564 Hidden Penis					
rsurance!	N4829 Other Inflammatory Disorders of Penis N4889 Other Specified Disorders of Penis					
	N390 Urinary Tract Infection, site not specified					
Plan of Care	I certify the medical necessity of BioDerm's Men's Liberty as the required therapy for this patient. Due to the patient's permanent condition and because other methods will not provide acceptable results, there is sufficient case evidence that Liberty has produced repeated successful results with other patien I prescribe the Men's Liberty to be dispensed as follows:					
	Duration of Need: 99 Refills		Physician:			
			UPIN/NPI:	Office Phone	o•	
	Men's Liberty: 35 units/month or 90 units/3 months (A4326)		OT 114/141 1.	Office Frioric		
	Bed Bag: 2 units/month or 6 units/3 months (A4357)		Physician		5 .	
	Penile Clamp: 1 units/3 month (A4356)		Signature: Date: **Signature Stamps are NOT accepted** If electronically signed, must be noted so**			
			Signature stamps are NOT accepted	"" if electronically signed, must be not	eu so	
patient listed aboributor listed below	ve has contacted BioDerm to request a supply of Men's Liberty dev w or another partnering distributor will be contacting them in ord	vices listed on this Let er to process the ship	ter of Medical Necessity. The patient ment. Men's Liberty supplies are ava	has also been informed and ha ilable through the following dis	s acknowledged that either a tributors:	
	Wound Care Resources CCS Medical			lgepark		

Fax Signed Completed Form with Addendum to Medical Records to 888-920-9370

Clearwater, FL 33762

White Plains NY, 10605

Twinsburg, OH 44087