uricap Female

BIODERM
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**

Patient Info

Per _____ a dispensing order was completed with a physician order start date: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Insurance: _____ Primary Insurance ID Number: _____ Primary Insurance Phone Number: _____

Secondary Insurance: _____ Secondary Insurance ID Number: _____ Secondary Insurance Phone Number: _____

ICD 10

- ☐ R32: Unspecified Urinary Incontinence (788.30)
- ☐ N39.43: Post Void Dribbling (788.35)
- ☐ N39.41: Urge Incontinence (788.31)
- ☐ N39.44: Nocturnal Enuresis (788.36)
- ☐ N39.3: Stress Incontinence (788.32)
- ☐ N39.46: Mixed Incontinence (788.33)
- ☐ N39.45: Continuous Leakage (788.37)
- ☐ N39.498: Other Specified Urinary Incontinence (788.39)

Need Medical Records

Please attach Medical Records Supporting patient has been incontinent for 3 months or longer.

Plan of Care

I certify the medical necessity of UriCap Female 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 UriCap has produced repeated successful results with other patients. I prescribe the UriCap Female to be dispensed as follows:

Duration of Need: 99 Refills

- ☑ **UriCap:** 35 units/month or 90 units/3 months (A4328)
- ☑ **Leg Bag:** 2 units/month or 6 units/3 months (A4358)
- ☑ **Bed Bag:** 2 units/month or 6 units/3 months (A4357)

Physician: _____

UPIN/NPI: _____ Office Phone: _____

Physician Signature: _____ Date: _____

Signature Stamps are NOT accepted If electronically signed, must be noted so**

The patient listed above has contacted BioDerm to request a supply of UriCap Female devices listed on this Letter of Medical Necessity. The patient has also been informed and has acknowledged that either a distributor listed below or another partnering distributor will be contacting them in order to process the shipment.

Wound Care Resources
4 Newbern Hwy, P.O. Box 155
Yorkville, TN 38389

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