

**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**  
 P.O. Box 155  
 Yorkville, TN 38389

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