

**Regarding the patient:**\_\_\_\_\_  
Name\_\_\_\_\_  
Date of Birth

For insurance consideration of the **ostomy supplies** you have requested for this patient, the following must be documented in their medical records:

- Description/Model of items being utilized; **AND**
- The number of times per day that the recipient changes ostomy pouches and supplies; **AND**
- Documentation of a qualifying diagnosis (ICD-10: K94.00, K94.03, K94.10, K94.13, Z43.2, Z43.3, Z43.6, Z93.2, Z93.3, Z93.6)

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

**Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602**