

Regarding the patient:_____
Name_____
Date of Birth

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

- Please send wound assessment/clinical evaluation records with an assessment date within the last 30 days(Medicare) or last 90 days (Medicaid & Commercial); **AND**
- Number of wounds; **AND**
- Wound status information
 - Type of each wound (surgical, pressure, burn, other); **AND**
 - Wound location; **AND**
 - Wound size (length x width) and depth; **AND**
 - Amount of drainage **AND**
 - Stage or thickness **AND**
- Plan of care for each wound
 - Reason for dressing use (surgical or debrided); **AND**
 - Dressing to be used on each wound; **AND**
 - Primary/Secondary/Cleaning; **AND**
 - Frequency of dressing change

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: 651-644-9770