# FAX

AmericanHomeCare Equipment

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Email: customerservice@ahcequip.com

| TO | FROM |
|---|---|
| **Physician:** _____ | **Therapist:** _____ |
| **Practice:** _____ | **Clinic:** _____ |
| **Fax:** _____ | **Phone:** _____ |
| **Attn:** _____ | **Date:** _____ |
| **Patient:** _____ | **Pages (incl. cover):** _____ |

REQUESTED: ☐ Signed prescription (attached) ☐ Supporting office note
☐ Other: _____

## Compression Garment Coverage

*Medicare / Lymphedema Treatment Act – two items are needed from your office. Thank you for helping our shared patient.*

### ❶ Sign the attached prescription

It is already completed for your patient. Your office only needs to **review, sign, and return it.**

### ❷ Send a supporting office note

For Medicare, a signed prescription alone is not sufficient. We also need an office or clinical note, that documents the qualifying diagnosis. **(In the physician's own notes)**

| | |
|---|---|
| **VISIT DATE** | Within the last six months. |
| **ICD-10 CODE** | I89.0 Lymphedema, NEC · I97.2 Postmastectomy lymphedema syndrome · I97.89 Other postprocedural circulatory complications · Q82.0 Hereditary lymphedema |
| **AFFECTED AREA** | Identify the extremity or area — e.g. "left upper extremity lymphedema," "bilateral lower extremity lymphedema." |

*A therapist's evaluation — even countersigned by the physician — does not satisfy this requirement.*

**Why both?** The prescription tells us what to supply. The office note documents the diagnosis Medicare requires.

**RETURN BOTH TO AMERICAN HOMECARE EQUIPMENT**
Fax 954.772.5288 · customerservice@ahcequip.com · Questions? 954.772.5052

We handle benefits verification, authorization, delivery and billing — nothing else is needed from your office.

*This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient, please notify the sender immediately and destroy this document.*