W. L. Schneider Associates

Accredited by the Community Health Accreditation Program (CHAP) Member, Pennsylvania Association of Medical Equipment Suppliers (PAMS)

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Orthotics Order Form

Patient Name:		WLSA	Representative:			
Facility:		Phone:	Fax	α:		
		(Please include the <i>Patient Informatio</i>	on Sheet with the order form)			
Assignment of Benefits	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
I request that all payments					_	
from any Insurance carrier,	13-CX	Corrxit Heel Orthosis(Foam Liner)	AVG.AUG.OVERSIZE, BARIATRIC	L4396	3	
including Medicare,	13-CX	Ambulatory Attachment	AVG.AUG.OVERSIZE, BARIATRIC	L4396	3	
Medicaid or private	13-CX	Corrxit Heel Orthosis (Kodel Liner)	AVG.AUG.OVERSIZE, BARIATRIC		3	
Insurance Company be	13-CX	Ambulatory Attachment	AVG.AUG.OVERSIZE, BARIATRIC	L4396	3	
made on my behalf to WLSA for any equipment,	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
supplies or services provided to me by WLSA.	17-KCO	Flex Cuff Knee	S,M,L,XL	L1832	10	
I authorize the release of	27-KCO	Premier Knee	S,M,L,CHILD,YOUTH	L1831	10	
any medical information to	23-KCO	Premier Knee (Kodel Liner)	S,M,L,CHILD,YOUTH	L1831	10	
HCFA, and/or my	37-KCO	Respond ROM Knee	XS,S,L,L	L1832	10	
insurance carrier and its	33-КСО	Respond DOM Knee (Kodel Liner)	XS,S,M,L	L1832	10	
agencies, for the purpose						
of reviewing my healthcare benefits for the	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
determination of payment.	453-LSO	Lumbar Sacral Support	S,M,L,XL,XXL,XXXL	L0637	18	
I understand that I am	463-TLS	Thoracic Lumbar Support	S,M,L,XL,XXL,XXXL	L0453	18	
responsible for any				T		
remaining balance on my	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
account after my insurance	18-ECO	Flex Cuff Elbow Orthosis	S,M,L,XL	L3760	21	
has processed each claim.	24-ECO	Premier Elbow Orthosix (Orthowick Liner)	S,M,L	L3760	20	
This authorization will	28-ECO	Premier Elbow Orthosis (Kodel Liner)	S,M,L	L3760	20	
remain in effect until		,	, ,	•	•	
written notification by me, or my legal representative,	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
has been received.	100-USAB	USA Boot				
	56-GB	Galt Belt				
Patient/Caregiver Signature	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
Date:	390-ARH	Adaptable Resting Hand	XS,S,M,L	L3807	27	
	300-ACH	Adaptable Contour Hand	S,M,L	L3807	27	
Reason Patient unable to sign:	320-AGH	Adaptable Geriatric Hand	XS,S,M,L	L3807	27	
	Item #	Description	Sizes	Suggested L-Code	Catalog Page	Quantity
Physician Name:						
NP#:						
Phone:						
Diagnosis:						

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