Atos

GUIDANCE FOR COMPLETING A VALID PRESCRIPTION FORM

PATIENT

Items with * are required by state and/or federal regulations. All others are needed for patient follow up and to facilitate insurance coverage.

PATIENT FIRST NAME*	PATIENT LAST NAME*	PATIENT TELEPHONE	PATIENT EMAIL	☒ MALE ☐ FEMALE
JOHN	SMITH	(123)456-7890	JOHNSMITH@EMAIL.COM	

STREET*	CITY*	ST*	ZIP*	DATE OF BIRTH (MM/DD/YYYY)*
123 MAIN STREET	ANYWHERE	WI	53000	09/26/1960

IMPORTANT: TO ASSIGN AN AUTHORIZED REPRESENTATIVE TO COMMUNICATE WITH ATOS ON YOUR BEHALF, COMPLETE HERE

CAREGIVER FIRST/LAST NAME	CAREGIVER TELEPHONE	CAREGIVER EMAIL
JUDY SMITH	(123)456-0987	JUDYSMITH@EMAIL.COM

PRESCRIPTION

A FDA RX PRODUCTS

For products WITH the RX indicator, the FDA requires the box for EACH product and ALL specifications being prescribed to be checked. Provox Life FDA RX products have **Provox Life** in product name (yellow highlight).

B NON RX PRODUCTS

For products WITHOUT the RX indicator, simply check the box to select the product up to the allowable quantity. These products must be indicated for Medicare and most insurance plans for reimbursement.

C ADHESIVES/HMEs

For adhesives or non-RX HMEs, check the box to allow product selection based on patient needs (includes Protect). Micron and FreeHands HMEs require individual selection per FDA.

NOTES: To indicate something other than up to the allowable quantity, use the OTHER line.

SPEAKING (VOICE REHABILITATION)

RX	PROVOX VOICE PROSTHESIS	SIZE	LENGTH	QTY	OTHER
RX	☒ Provox Vega [L8509]: (A)	☐ 17Fr ☒ 20Fr ☐ 22.5Fr	☐ 4mm ☒ 6mm ☐ 8mm ☐ 10mm ☐ 12.5mm ☐ 15mm	1/month	
RX	☐ Provox Vega XtraSeal [L8509]:	☐ 17Fr ☐ 20Fr ☐ 22.5Fr	☐ 4mm ☐ 6mm ☐ 8mm ☐ 10mm ☐ 12.5mm ☐ 15mm	1/month	
RX	☐ Provox2 [L8509]:	22.5Fr	☐ 4.5mm ☐ 6mm ☐ 8mm ☐ 10mm ☐ 12.5mm ☐ 15mm	1/month	
RX	☐ Provox ActiValve [L8509]:	22.5Fr: ☐ Light ☐ Strg ☐ XStrg	☐ 4.5mm ☐ 6mm ☐ 8mm ☐ 10mm ☐ 12.5mm	1/month	
RX	☐ Provox NiD [L8507]:	☐ 17Fr ☐ 20Fr	☐ 6mm ☐ 8mm ☐ 10mm ☐ 12mm ☐ 14mm ☐ 18mm	1/month	

RX	PROVOX VOICE PROSTHESIS ACCESSORIES	QTY	OTHER
	☒ Voice Prosthesis Brush OR Flush [L8513] (B)	2/month	
	☒ Voice Prosthesis Plug [L8511]	1/month	
	☐ ActiValve Lubricant [A4402]	4oz/month	

RX	PROVOX VOICE PROSTHESIS ACCESSORIES	QTY	OTHER
RX	☒ Capsule [L8512]: ☐ 17Fr ☒ 20Fr ☐ 22.5Fr	15/month	
RX	☐ XtraFlange [L8499]: ☐ 17Fr ☐ 20Fr ☐ 22.5Fr	1/month	
RX	☐ NiD Dilator [L8514]: ☐ 17Fr ☐ 20Fr	1/month	

RX	PROVOX SPEECH AIDS	QTY	OTHER
	☒ Electrolarynx [L8500]	1	

RX	PROVOX SPEECH AIDS ACCESSORIES	QTY	OTHER
	☐ Electrolarynx Battery [L8505]	1	

BREATHING (PULMONARY REHABILITATION)

RX	PROVOX HMES/ADHESIVES	QTY	OTHER
	☒ Adhesives [A7508] (C)	60/month	
	☒ Heat and Moisture Exchangers-HMEs [A7507]	60/month	
RX	☐ Micron HME [A7507]	60/month	

RX	PROVOX ATTACHMENTS	QTY	OTHER
RX	☐ Provox LaryTube [A7520]: SIZE ____/____ TYPE ☐ Std ☐ Fen ☐ Rng	1/month	
RX	☒ Provox Life LaryTube [A7520]: SIZE 9 / 27 TYPE ☐ Std ☐ Fen ☐ Rng ☒ Fen Rng	1/month	
RX	☐ Provox LaryButton [A7524]: SIZE ____/____	1/month	
RX	☐ Provox Life LaryButton [A7524]: SIZE ____/____	1/month	
RX	☐ BM Tracheostoma Button [A7524]: SIZE ____/____	1/month	

RX	PROVOX HME/ADHESIVE/ATTACH ACCESSORIES	QTY	OTHER
	☒ Cleaning Towel [A4245]	1 box/month	
	☒ Adhesive Remover Wipes [A4456]	50/month	
	☒ Skin Barrier OR Skin Tac Wipes [A5120]	150/month	
	☐ Foam Stoma Cover [A4481]	60/month	
	☐ Double-Sided Foam Disc [A5126]	20/month	
	☐ Silicone Glue [A4364]	4/month	
	☒ Shower Aid [A7523]	1/month	
	☐ BasePlate Adaptor [E1399]	1/month	
	☒ TubeBrush [A4626]	2/month	
RX	☐ Kapi-Gel [L8499]: **ID mm** ☐ 8 ☐ 12 / **TH mm** ☐ 3 ☐ 5	10/month	
	☐ HME Cassette Adaptor (Provox Only) [A7503]	1/6months	
	☒ LaryClip/TubeHolder/Neckband [A7526]	31/month	

HANDS-FREE

RX	PROVOX FREEHANDS FLEXIVOICE/ACCESSORIES	QTY	OTHER
RX	☒ Membrane [A7501]: ☒ Light ☒ Med ☐ Strg ☐ XStrg	1/month	
RX	☒ FreeHands HME [A7507]: ☐ Moist ☐ Flow ☒ Provox Life	60/month	
RX	☒ HME DigiTop (Provox Life Only) [A7503]	1/6months	

RX	PROVOX FREEHANDS ACCESSORIES	QTY	OTHER
RX	☐ HME Cap (Provox Only) [A7503]	1/6months	
	☐ Support Starter Set [E1399]	1/month	
	☐ Support/Adhesive [E1399]	1/month	

PRESCRIBER

D DIAGNOSIS CODES

ICD-10 codes are required; Z43.0 OR Z93.0 are qualifying diagnoses per Medicare.

E EXCEPTIONS

Product exceptions may be indicated for conditions where product is contraindicated.

F MEDICAL RECORDS

Medical records are REQUIRED for insurance reimbursement. Submit annually with RX form.

G PHYSICIAN DETAILS

Signature MUST match prescriber name, no stamps.

ICD-10 CODE REQUIRED (Z43.0 OR Z93.0 FOR MEDICARE)

DIAGNOSIS CODE* (CHOOSE ONE): ☒ Z43.0 Encounter for Attention to Tracheosto(D) ☐ Z93.0 Tracheostomy Status ☐ ____________

CLINICIAN NAME	CLINICIAN TELEPHONE	COMING HOME KIT REQUESTED	DATE OF SURGERY (MM/DD/YYYY)
MARY JONES, MA, CCC-SLP	(234)567-8901	☐ PROVOX ☒ PROVOX LIFE	02/24/2021
CLINICIAN EMAIL	**CLINICIAN FAX**	TO BE SHIPPED TO ABOVE PATIENT ADDRESS. DATE OF SURGERY AND FACILITY NAME REQUIRED.	**ORDER DATE (MM/DD/YYYY)***
MJONES@HOSPEMAIL.COM	(234)567-8902		02/25/2021

FACILITY NAME AND ADDRESS	PRODUCT EXCEPTIONS ONLY	NOTES PLEASE SEND COPIES OF MEDICAL RECORDS WITH ANY RX
UNIVERSITY HOSPITAL 2345 MEDICAL BOULEVARD ANYWHERE, WI 53000	(E)	PLEASE SEE ATTACHED COPIES OF MEDICAL RECORDS FOR MR. SMITH. (F)

TREATING PRACTITIONER NAME*	TREATING PRACTITIONER SIGNATURE* NO STAMPS ALLOWED
ROBERT CONNOR, MD	(G) *Robert Connor, MD*

IMPORTANT

- No NEW or REPLACEMENT items may be added to an existing, signed Rx. A new Rx must be completed instead.
- If a correction is needed while completing an Rx by hand, use a SINGLE STRIKE-THROUGH, intitial and date. Do not use white out, black out, scribble out text, modify or reshape letters or numbers.
- This example is for illustration purposes only, and may not apply to every patient due to differences in insurance coverage and reimbursement.
- The sample above represents a selection of products a laryngectomy patient could typically use each year. When completing, please include ALL products your patient might need throughout the life of the prescription form as it will save significant time and effort of obtaining subsequent prescriptions and getting reimbursement checked and approved.
- All dates should be provided in MM/DD/YYYY format.
- SLP may not sign RX per Medicare/insurance.

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