

Insurance Benefits Inquiry (Template)

Insurance Co. Name: _____ Tel. No. _____

Date: _____ Time: _____

Insurance Co. Representative's Name: _____

Policy #: _____ Group # _____

Insured's (Patient's) Name: _____

Insured's Diagnosis is: Post-mastectomy or breast cancer-related lymphedema (BCRL)
 Other cancer-related lymphedema
 Lymphedema: primary or secondary (non-BCRL)
 Chronic venous insufficiency or hereditary edema of legs
 Combined lymphedema or lipedema
 Other _____

1. Does the policy include coverage for Medical Equipment? Yes No (if no, try 2)

If yes, the Solaris product needed is: _____

2. Does the policy include coverage for Compression Garments? Yes No

If yes, the Solaris product needed is: _____

A Solaris Tribute garment is a custom-made, Class II therapeutic medical device that has been cleared for sale by Health Canada. Patients with chronic swelling wear these garments nightly to address tissue fibrosis and facilitate interstitial fluid movement. All Tributes meet the Medicare guideline for durable medical equipment: dispensed for medical conditions only, backed by a one year warranty, one alteration is provided during the warranty period as the affected limb size reduces, Tribute is machine wash/dryable and increases patients' compliance with their home management program. Tribute garments are individually custom-measured and manufactured for each patient and provide either 20-30mmHg or 30-40mmHg of gradient compression, depending on the recommendation of the prescribing physician or treating therapist.

Is there an annual deductible? No Yes If yes, what amount applies? _____

Is there a co-pay amount? No Yes If yes, what amount applies? _____

Is a prescription recommended / required? No Yes

Do you require a letter of medical necessity? No Yes

Do you recommend a pre-authorization claim? No Yes

If yes, can the pre-auth claim be sent by fax? No Yes

If yes, fax number and to whose attention? _____

If no, where should we mail the claim? _____

What is your usual response time for pre-authorization claims? _____

For my records, could you provide me with your name and employee ID # if you use them?

Name: _____ Employee ID # _____