

# 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 TributeNight 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 TributeNight garments 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 # \_\_\_\_\_



Questions? Give us a call at: 1-855-857-8500  
Visit us online at: [www.LymphedemaDepot.com](http://www.LymphedemaDepot.com)  
Email us at: [Info@LymphedemaDepot.com](mailto:Info@LymphedemaDepot.com)

