



BOARDMAN
(330) 758-0595
Fax (330) 726-2229

CANTON
(330) 492-4300
Fax (330) 492-7886

EAST LIVERPOOL
(330) 385-6412
Fax (330) 385-3255
(by appointment only)

GIRARD
(330) 545-6700
Fax (330) 545-5555

BEACHWOOD
(330) 998-6012
Fax (330) 998-6616
(by appointment only)

WARREN
(330) 395-7252
Fax (330) 373-1190
(by appointment only)

(330) 545-6700
Fax (330) 545-5555
Toll Free (800) 443-3390
Toll Free Fax (800) 952-5352

**MASTECTOMY
RE-SUPPLY
ENROLLMENT
AGREEMENT**

WWW.BOARDMANMEDICALSUPPLY.COM

Boardman Medical Supply is offering you the opportunity and convenience to receive your supplies on a regular, ongoing, basis without you having to initiate the order every time. Your supplies will be sent directly to you on the allotted delivery schedule selected below (with no additional shipping or handling fees).

Date: _____ Insurance ID #: _____ Insurance Provider: _____

Patient Name (Please Print): _____

Patient Phone #: _____ Email: _____

Address: _____

City, State, Zip: _____

DELIVERY OPTIONS

Check the appropriate enrollment plan(s)* below if qualified with ICD-10 code:

- QUARTERLY #L8000 Bra - Maximum of 12 per year as allowable by insurance.
- SEMI-ANNUAL #L8020 (non-silicone) Breast Form - **One every 6 months** - Please ship my eligible breast form every 6 months. Maximum of 2 per year as allowable by insurance. (Select One)
 - LEFT RIGHT BILATERAL
- BI-ANNUAL #L8030 (silicone) Breast Form - **One every other year or as allowed by insurance** - Please ship my eligible breast form every other year. Maximum of 1 every 24 months as allowable by insurance. (Select One)
 - LEFT RIGHT BILATERAL
- QUARTERLY #L8032 Nipple prosthesis adhesive - **One every three (3) months or as allowed by insurance** - Please ship my eligible adhesive every 3 months. Maximum of 4 every 12 months as allowable by insurance. (Select One)
 - LEFT RIGHT BILATERAL

----- In addition, you may specify the items below to ship as you select below: -----

- #L8001 - Perma-Form Uni-Lat Bra. BMS will ship maximum quantity as allowed by insurance.
- #L8001 - Uni-Lat Compression Bra w/integrated Breast Form. BMS will ship maximum quantity as allowed by insurance.
- #L8002 - Perma-Form Bi-Lat Bra. BMS will ship maximum quantity as allowed by insurance.:
- BRA ORDER** - Brand: _____ Style: _____ Size: _____ Color: _____ Qty: _____
- APPOINTMENT**: If at any time you would like to schedule an appointment for a fitting due to weight gain or loss, size change, body change or interest in a new bra style, call us toll free at 1-800-443-3390

* Please note that the supplies actually included in your replacement package will be governed by your insurance plan. Also be aware that replacement schedules are subject to change based upon physician orders, patient medical condition, and the discretion of your insurance company. Patients who wish to order supplies more frequently or order different supplies, may contact Boardman Medical Supply.

AGREEMENT

With my signature, I authorize Boardman Medical Supply to send me MASTECTOMY supply shipments at the interval indicated above. I understand that I am responsible for any portion of the cost not covered by my insurance plan, including applicable co-insurance and deductibles, and, that I must communicate any changes to my insurance coverage to Boardman Medical Supply as soon as possible. All insurances will be verified prior to shipment. Boardman Medical Supply requires a valid credit card on file to cover co-insurance and deductibles for regular supply shipments. I further understand that the re-supply order enrollment plan is not available to patients with certain payors, such as Medicare, Medicaid, managed Medicaid, or TriCare. You may cancel your re-supply ordering enrollment plan at any time by calling 800-443-3390.

PATIENT/REP SIGNATURE: _____ Relationship to Patient: _____

Please sign and mail this completed form to:
BOARDMAN MEDICAL SUPPLY
 Attn: Re-Supply MASTECTOMY Enrollment
 300 N. State St.
 Girard, OH 44420