



YOUR CHOICE... OUR PROMISE

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

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)

UROLOGICAL
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), to help you receive effective UROLOGICAL therapy.

Date: Insurance ID #: Insurance Provider:

Patient Name (Please Print):

Patient Phone #: Email:

Address:

City, State, Zip:

DELIVERY OPTIONS

Check the appropriate boxes and fill in where necessary:

Cath Type: Size: Qty: Qty on hand

Intermittent Catheters - How many times per day do you catheterize?

Insertion Tray Cath Kits

Leg Bag Size: Med Large Ext Tubing

Overnight bag Qty:

Gloves Qty: Type: Size:

HOME HEALTH AGENCY

Have you had a recent Urinary Tract Infection? YES NO DATE OF INFECTION?

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.

AGREEMENT

With my signature, I authorize Boardman Medical Supply to send me UROLOGICAL supply shipments as 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 UROLOGICAL Enrollment
300 N. State St.
Girard, OH 44420