



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)

COMPRESSION THERAPY RE-SUPPLY ENROLLMENT AGREEMENT

WWW.BOARDMANMEDICALSUPPLY.COM

Boardman Medical Supply is offering you the opportunity and convenience to receive compression hose on a regular, ongoing, basis, based on your insurance allowable, without you having to initiate the order every time. Your compression hose will be sent directly 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 product information below:

Product Name, Number, & Size:

Manufacturer:

- Checkboxes for Knee, Thigh, Open-Toe, Close-Toe, 15-20 mg, 20-30 mg, 30-40 mg, Length (Reg, Short), Silicone Band, Black, Beige.

* Stockings will be dispensed based on insurance allowables and verification.

AGREEMENT

With my signature, I authorize Boardman Medical Supply to send me compression hose shipments based on insurance allowables and verification. 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 COMPRESSION Enrollment 300 N. State St. Girard, OH 44420