NEBULIZER

Prescription

CalMed Hawaii

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Phone: (808) 691-9973
Fax: (888) 286-7412

PATIENT INFORMATION - ALL FIELDS REQUIRED

Order Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Primary Insurance: _____ Policy No: _____

Other Health Insurance: Yes No If YES, please list: _____

NEBULIZERS

Dispense one E0570 Nebulizer and supplies A7003-A7015:

☐ BASKETBALL

☐ BEAR

☐ FISH

☐ NEB100-R

Dispense the following (check all that apply):

- ☐ E0570 - Nebulizer with compressor
- ☐ A7003 - Nebulizer administration set (disposable)
- ☐ A7005 - Non-disposable nebulizer set
- ☐ A7013 - Disposable compressor filter
- ☐ A7015 - Aerosol mask used with nebulizer

Diagnosis (ICD-10 Code that supports medical necessity)

- ☐ J40 - Bronchitis, not specified as acute or chronic
- ☐ J44.9 - Chronic obstructive pulmonary disease, unspecified
- ☐ J45.40 - Moderate persistent asthma, uncomplicated
- ☐ J45.41 - Moderate persistent asthma with (acute) exacerbation
- ☐ Other _____

PHYSICIAN INFORMATION

Name: _____

Phone: _____ Fax: _____

Clinic: _____ NPI: _____

Signature: _____ Date: _____

Wet signature required (stamp only not sufficient)