

Detailed Written Order for Prosthetic Services

**THIS IS NOT A STAND ALONE DOCUMENT. IT MUST BE ACCOMPANIED BY
MEDICAL RECORDS TO SUBSTANTIATE MEDICAL NECESSITY
(i.e. OPERATIVE REPORT, CLINICAL NOTES OR SUPPORTING DOCUMENTATION)**

PATIENT INFORMATION

Patient Name	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth		Phone	
Type of prosthesis or service required			
Anticipated method of retention			

DIAGNOSIS AND CODES



Primary DX and ICD 10 Code	
Secondary DX AND ICD 10 Code	
Duration of need	
Start date of order	

REFERRING PHYSICIAN INFORMATION

Referring Provider Name			
NPI		Medicaid ID	

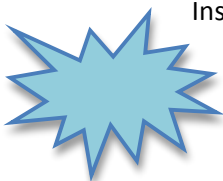
As the referring physician, I recommend this patient for prosthetic services as an integral part of his/her treatment. I certify the medical necessity of the prosthetic services described. The prosthetic device is reconstructive--needed to restore normal anatomical form and function.

Physician signature:

Date:

Referral to **Medical Art Resources, Inc.— NPI 1871588269**
 Julie Jordan Brown, MAMS, CCA and Megan Spindel Thomas, MS, CCA
 3400 S. 103rd St. Greenfield, WI 53227
 Phone 414-543-1002
 www.medicalartresources.com

**PLEASE FAX THIS DETAILED WRITTEN ORDER AND SUPPORTING DOCUMENTATION
414-543-0137**



Insurance providers (CMS) require that medical records substantiate the need for the prosthesis. CMS requires that a copy of this order appear in the records of the Referring Provider and the Anaplastologist. Clinical notes must include diagnosis, clinical course, nature and extent of anatomical deficit, medical need and type of prosthesis.