

 Fax: 704-781-5502  
 Email: [admin@attentivemedicalsupply.com](mailto:admin@attentivemedicalsupply.com)  
 Website: [www.attentivemedicalsupply.com](http://www.attentivemedicalsupply.com)




To:	Customer Service – Attentive Medical Supply
From: (Contact Name & Direct Contact #)	
Date:	
Pages (Including Cover):	

**SUBJECT: New DME Order for Processing**

Patient Information (Required):


Patient Name:	_____
Date of Birth:	__ / __ / ____

 The following documentation is included (check the appropriate box):

- Prescription / Standard Written Order (SWO)
  - ICD Code(s) / Dx Code (s)
  - Description of Item(s)
  - Quantity and Refills
  - Physician's Name (Printed/Signed)
  - Patient's Full Name
- Physician's Notes from last Face-to-Face visit (within 6 months and medical necessity must be related to items prescribed)
- CMN (Certificate of Medical Necessity)
- Notes and/or Prescription do not contain sufficient detail to substantiate medical necessity

 Helpful Resources:

All documentation should be returned via:

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