AMERX HEALTH CARE

HELIX 3 BIOACTIVE COLLAGEN

AMERIGEL ADVANCED SKIN AND WOUND CARE

EXTREMIT-EASE COMPRESSION GARMENT

HCPCS
CODING GUIDANCE FOR:

AMERX SURGICAL DRESSINGS

FORM 1500 MUST HAVE THE FOLLOWING:

- APPROPRIATE DEBRIDEMENT CPT CODE (11042-11047)
- APPROPRIATE HCPCS CODE
- APPROPRIATE MODIFIER USAGE
- ACCURATE POS = 12 (FOR HOME USE)

HCPCS CODE PRODUCT LISTINGS AND DESCRIPTIONS

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the products listed below and has approved the listed Healthcare Common Procedure Coding System (HCPCS) codes for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Region A, B, C, and D Regional DMERCs. The PDAC HCPCS code assignment letters are on file at Amerx Health Care. All HCPCS code assignments and Fee Schedules can be found on the PDAC website: www.dmePDAC.com.

PRODUCT NAME	CATALOG NUMBER	HCPCS CODE
HELIX3 CP – COLLAGEN POWDER, 1 GRAM	H40111	A6010
HELIX3 CM COLLAGEN MATRIX DRESSING 2” X 2”	H40221	A6021
HELIX3 CM COLLAGEN MATRIX DRESSING 3” X 4”	H40222	A6021
HELIX3 CM COLLAGEN MATRIX DRESSING 4” X 5.25”	H40223	A6022
HELIX3 CM COLLAGEN MATRIX DRESSING 8” X 12”	H40224	A6023
AMERX CALCIUM ALGINATE DRESSING 2” X 2”	180121	A6196
AMERX CALCIUM ALGINATE DRESSING 4” X 4”	180124	A6196
AMERX FOAM DRESSING BORDERLESS 2” X 2”	190121	A6209
AMERX FOAM DRESSING BORDERLESS 4” X 4”	190124	A6209
AMERX BORDERED FOAM DRESSING 1” X 3.5”	190220	Pending
AMERX BORDERED FOAM DRESSING 4” X 4”	190221	A6212
AMERX BORDERED FOAM DRESSING 6” X 6”	190224	A6212
AMERX BORDERED GAUZE DRESSING 2” X 2”	1G0220	A6219
AMERX BORDERED GAUZE DRESSING 4” X 4”	1G0221	A6219
AMERX BORDERED GAUZE DRESSING 6” X 6”	1G0226	A6220
AMERX BORDERED HYDROCOLLOID DRESSING 2” X 2”	170221	A6234
AMERX BORDERED HYDROCOLLOID DRESSING 4” X 4”	170224	A6234
AMERX THIN HYDROCOLLOID DRESSING 2” X 2”	170121	A6234
AMERX THIN HYDROCOLLOID DRESSING 4” X 4”	170124	A6234
AMERIGEL HYDROGEL WOUND DRESSING 1oz. TUBE	A2001	A6248
AMERIGEL HYDROGEL WOUND DRESSING 3oz. TUBE	A20103	A6248
EXTREMIT-EASE COMPRESSION GARMENT (REGULAR XS)	E10140	A6545
EXTREMIT-EASE COMPRESSION GARMENT (REGULAR S)	E10141	A6545
EXTREMIT-EASE COMPRESSION GARMENT (REGULAR M)	E10142	A6545
EXTREMIT-EASE COMPRESSION GARMENT (REGULAR L)	E10143	A6545
EXTREMIT-EASE COMPRESSION GARMENT (REGULAR XL)	E10144	A6545
EXTREMIT-EASE COMPRESSION GARMENT (TALL XS)	E20140	A6545
EXTREMIT-EASE COMPRESSION GARMENT (TALL S)	E20141	A6545
EXTREMIT-EASE COMPRESSION GARMENT (TALL M)	E20142	A6545
EXTREMIT-EASE COMPRESSION GARMENT (TALL L)	E20143	A6545
EXTREMIT-EASE COMPRESSION GARMENT (TALL XL)	E20144	A6545

COVERAGE AND REIMBURSEMENT RULES:

For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

Surgical dressings are covered when either of the following criteria are met:

1. They are required for the treatment of a wound caused by, or treated by, a surgical procedure; or
2. They are required after debridement of a wound.

Surgical dressings include both primary dressings (i.e., therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) or secondary dressings (i.e., materials that serve a therapeutic or protective function and that are needed to secure a primary dressing).

The surgical procedure or debridement must be performed by a physician or other healthcare professional to the extent permissible under State law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive): surgical (e.g., sharp instrument or laser), mechanical (e.g., irrigation or wet-to-dry dressings), chemical (e.g., topical application of enzymes), or autolytic (e.g., application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the agents themselves are non-covered.

Surgical dressings are covered for as long as they are medically necessary.

Examples of situations in which dressings are non-covered under the Surgical Dressings benefit are:

a. Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or
b. A Stage I pressure ulcer; or
c. A first degree burn; or
d. Wounds caused by trauma which do not require surgical closure or debridement (e.g., skin tear or abrasion); or
e. A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.
f. Utilization of a compression garment in the absence of an open ulcer.

Dressing size must be based on and appropriate to the size of the wound. Dressing needs may change frequently (e.g., weekly/daily) in the early phases of wound treatment and/or with heavily draining wounds. Suppliers are also expected to have a mechanism for determining the quantity of dressings that the patient is actually using and to adjust their provision of dressings accordingly. No more than a one-month's supply of dressings may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. An even smaller quantity may be appropriate.

Surgical dressing codes billed without modifiers A1-A9 are non-covered under the Surgical Dressings benefit.

Modifiers A1 – A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and also to indicate the number of wounds on which that dressing is being used. The modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the patient has four (4) wounds but a particular dressing is only used on two (2) of them, the A2 modifier must be used with that HCPCS code.

Modifiers AW, RT, LT and RTLT are used when an item is furnished in conjunction with a surgical dressing such as a gradient compression wrap. When billing code A6545, the code must include an AW modifier and the corresponding RT, LT or RTLT modifier to indicate Right Side (RT), Left Side (LT) or Bilateral (RTLT). When the same code for bilateral items (right and left) is billed on the same date of service, bill both items on the same claim line using RTLT modifiers and 2 units of service. **Claims billed without modifiers RT, LT or RTLT will be rejected as incorrect coding.**

Modifier KX should **NOT** be used when billing Medicare for Surgical Dressings. The current LCD states "When surgical dressings are billed (to Medicare), the appropriate modifier (A1 – A9, AW, EY, or GY) must be added to the code when applicable" and makes no mention of the KX modifier. However, some commercial payers do require the KX modifier.

A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	If A9 is billed, the claim must include the number of wounds
AW	Item furnished in conjunction with a surgical dressing
EY	No physician or other licensed health care provider order for this item or service
GY	Item or service statutorily non-covered or does not meet the definition of any Medicare benefit must be entered in the narrative field of the electronic claim.
RT	Right
LT	Left
RTLT	Bilateral

If dressing changes are sent home with the patient, claims for these dressings may be submitted to the DMERC. In this situation, use the place of service corresponding to the patient's residence (POS=12); **Place of Service Office (POS=11) must NOT be used.**

Surgical dressings must be tailored to the specific needs of an individual patient. When surgical dressings are provided in kits, only those components of the kit that meet the definition of a surgical dressing, that are ordered by the physician, and that are medically necessary are covered.

Proof of Delivery (POD) – If dispensing surgical dressings directly from your office a completed POD is required and must be retained in the patients files for a period of seven years. The POD must include the following: beneficiary's name, delivery address (your practice address if dispensed from your office),

sufficiently detailed description identifying item(s) being delivered (e.g. brand name, serial/lot number, narrative description), quantity delivered, date delivered, beneficiary (or designee) signature. Date of service is the delivery date.

DISCLAIMER: This information does not guarantee reimbursement, but provides guidance for accurate documentation and appropriate usage for surgical dressing supplies. Should you need further technical assistance or have specific coding questions, please contact your regional DMERC or intermediary. It is the manufacturer's intent to share this information with healthcare professionals to highlight awareness of the reimbursement process.

SURGICAL DRESSING COVERAGE GUIDANCE

The order must specify (a) the type of dressing (e.g., Collagen dressing, hydrogel wound filler, etc.), (b) the size of the dressing (if appropriate), (c) the number/amount to be used at one time (if more than one), (d) the frequency of dressing change, and (e) the expected duration of need.

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is not routinely needed if the quantity of dressings used is decreased. However, a new order is required at least every 3 months for each dressing being used even if the quantity used has remained the same or decreased.

"Partial-thickness" wounds are non-covered and have a loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. A partial-thickness wound does NOT breach through the dermis where subcutaneous tissue is not visible and may also present as an intact or open/ruptured serum-filled blister.

"Full-thickness" wounds breach through the dermis. Subcutaneous tissue may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. Full-thickness wounds may also include undermining and tunneling. Wounds must be at least "full-thickness" for them to be considered covered.

ALGINATE OR OTHER FIBER GELLING DRESSING (A6196-A6199): Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not medically necessary on dry wounds or wounds covered with eschar. Usual dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is usually used at each dressing change. It is usually inappropriate to use alginates or other fiber gelling dressings in combination with hydrogels.

A6196: ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING

COLLAGEN DRESSINGS, WOUND FILLER (A6010-A6024): Effective for claims with dates of service on or after June 1, 2013, the only products which may be billed to Medicare using code A6021, A6022, A6023 and A6024 are those for which a written coding verification has been made by the PDAC contractor and are listed on the Product Classification List in the Durable Medical Equipment Coding System (DMECS) maintained on the PDAC web site.

A6010: COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN

A6021: COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH

A6022: COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH

A6023: COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH

FOAM DRESSING (A6209-A6215): Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Usual dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change may be up to 3 times per week. Usual dressing change for foam wound fillers is up to once per day. A foam dressing is a sterile, non-linting, absorptive dressing which is made of open cell, medical grade expanded polymer. It has a non-adherent property over the wound site.

A6209: FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING

A6212: FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING

GAUZE, NON-IMPREGNATED (A6216-A6221): Usual non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not necessary to stack more than 2 gauze pads on top of each other in any one area.

A6219: GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING

A6220: GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE

HYDROGEL DRESSING (A6248): Hydrogel dressings are covered when used on full thickness wounds with minimal or no exudate (e.g., stage III or IV ulcers). Hydrogel dressings are not usually medically necessary for stage II ulcers. Documentation must substantiate the medical necessity for use of hydrogel dressings for stage II ulcers (e.g., location of ulcer is sacro-coccygeal area). Usual dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Usual dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not medically necessary. Documentation must substantiate the medical necessity for code A6248 billed in excess of 3 units (fluid ounces) per wound in 30 days. Use of more than one type of hydrogel dressing (filler, cover, or impregnated gauze) on the same wound at the same time is not medically necessary.

A6248: HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE

HYDROCOLLOID DRESSING (A6234-A6241): Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Usual dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

A6234: HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING.

GRADIENT COMPRESSION WRAP (A6545): Gradient compression wraps are covered when used in the treatment of an open venous stasis ulcer that has been treated by a physician or other healthcare professional requiring medically necessary debridement. **Coverage of non-elastic gradient compression wrap (A6545) is limited to one per 6 months per leg.** Quantities exceeding this amount will be denied as not medically necessary. Gradient compression stockings and wraps are non-covered for the following conditions: Chronic venous insufficiency (without stasis ulcers), prevention of venous stasis ulcers, prevention of the reoccurrence of the venous stasis ulcers that have healed, treatment of lymphedema in the absence of ulcers. In these situations, since there is no ulcer, the wraps do not meet the definition of a surgical dressing.

A6545: GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH.

PHYSICIAN BILLING PEARLS

GENERAL RECOMMENDATIONS:

1. Keep detailed and complete documentation on each wound and any DME products you are dispensing.
2. Have your patient sign a POD (Proof of Delivery) confirming they have received the product(s) the day it was dispensed. (See attached example)
3. Use a comprehensive wound tracking form to compile statistics for each wound or create a medical record with the essential elements. If a form is used, it should be kept in the patient's file.
4. All wounds should be measured in Length x Width x Depth. Photographs are recommended.
5. Surgical Dressings are NOT covered if the patient is under Home Health Care PPS.
6. Medicare covers dressings used in the patient's home if they are used on wounds as a result of "Surgical Procedures" or "Debridement." Dressings placed on the wound the day of the procedure are considered part of the surgical or debridement procedure and are not individually billable.

SPECIFICS FOR COMPLETING HCFA 1500 FORM for Home Use:

1. Box "17" must have the referring physician's name.
2. Box "17b" must have the NPI# of the physician listed in Box 17.
3. Box "21" requires an ICD-10 CM diagnosis code. Venous Stasis ulcer codes begin with I83-. When billing a full-thickness wound, the sixth character (digit) will need to be 2 or greater. **DO NOT use "unspecified" codes and be as anatomically specific as possible.**
4. Box "24A" is the date of service the patient receives the Surgical Dressing for home use.
5. Box "24B" Place of Service for **Home Use = POS 12**.
6. Box "24D" requires a "CPT" Code for the procedure performed (e.g. Full-Thickness Debridement – 11042) and on a separate line requires a "HCPCS" Code assigned by PDAC for the Surgical Dressing dispensed (e.g. A6248 – Hydrogel Wound Dressing).
7. Box "24D" "MODIFIER" – This is where you record the number of wounds treated; **A1** for one wound, **A2** for two wounds, etc.; and/or the place the **AW** with **RT**, **LT** or **RTLT** modifiers when using a gradient compression wrap in conjunction with a surgical dressing.
8. Box "24F" total amount of "$ CHARGES" for supplies dispensed.
9. Box "24G" documents the number of units dispensed to the patient.
10. Box "31" must have the date and physician signature.

PROOF OF DELIVERY (RECEIPT OF DME SUPPLIES)

DELIVERY ADDRESS*: _____

*Where the product was handed/delivered to the patient (i.e. Practice Address)

_____

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

QTY	ITEM SIZE	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
		AMERIGEL - Hydrogel (1oz., 3oz.) - Hydrogel, Wound Filler, Gel, Per Fluid Ounce	A6248
		AMERX - Calcium Alginate Dressing (2x2, 4x4) - Alginate or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, Each Dressing	A6196
		AMERX - Foam Dressing (2x2, 4x4) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border, Each Dressing	A6209
		AMERX - Bordered Foam Dressing (1x3.5, 4x4, 6x6) - Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6212
		AMERX - Bordered Gauze Dressing (2x2, 4x4) - Gauze, Non-impregnated, Sterile, Pad Size 16 Sq. In. or Less, W/ Any Size Adhesive Border, Each Dressing	A6219
		AMERX - Bordered Gauze Dressing (6x6) - Gauze, Non-impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than or Equal to 48 Sq. In., W/ Any Size Adhesive Border, Each Dressing	A6220
		AMERX - Hydrocolloid Dressing THIN (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		AMERX - Hydrocolloid Dressing (2x2, 4x4) - Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. or Less, W/Out Adhesive Border	A6234
		HELIX3 - Collagen Powder (1g.) - Collagen Based Wound Filler, Dry Form, Sterile, Per Gram of Collagen	A6010
		HELIX3 - Collagen Matrix (2x2, 3x4) - Collagen Dressing, Sterile, Size 16 Sq. In. or Less, Each	A6021
		HELIX3 - Collagen Matrix (4x5.25) - Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than or Equal to 48 Sq. In., Each	A6022
	KIT	**AMERX - Calcium Alginate Wound Care Kit - 30 Day** - Each Kit Contains: 30 Calcium Alginate Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6196, A6219, A6216
	KIT	**AMERX - Collagen Matrix Wound Care Kit - 15 Day** - Each Kit Contains: 15 Collagen Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	KIT	**AMERX - Collagen Matrix Wound Care Kit - 30 Day** - Each Kit Contains: 30 Collagen Dressings(2x2), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6021, A6219, A6216
	KIT	**AMERX - Collagen Powder Wound Care Kit - 15 Day** - Each Kit Contains: 15 Collagen Powder(1g.), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	KIT	**AMERX - Collagen Powder Wound Care Kit - 30 Day** - Each Kit Contains: 30 Collagen Powder(1g.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6010, A6219, A6216
	KIT	**AMERX - Foam Wound Care Kit - 30 Day** - Each Kit Contains: 12 Foam Dressings(2x2), 15 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6209, A6219, A6216
	KIT	**AMERX - Hydrogel Wound Care Kit - 30 Day** - Each Kit Contains: Hydrogel Dressing(3oz.), 30 Bordered Gauze Dressings(4x4), 30 Gauze(2x2) and Saline Wound Wash	A6248, A6219, A6216

BRAND NAME: _____ **SERIAL/LOT NUMBER:** _____

SUPPLY WARRANTY INFORMATION: By signing below, I am certifying that I have received the above designated item and that the item is satisfactory, fit for use and not substandard in any way. Due to the medical nature of these devices, they cannot be returned. The products and/or services provided to you are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at **http://www.ecfr.gov**. Upon request we will furnish you a written copy of the standards.

- ☑ I have received a copy of the Privacy Policy on this visit or on a previous visit as noted in my medical record.
- ☑ I received instructions on proper use of the prescribed devices.
- ☑ I received my DMEPOS items.

By signing below, I acknowledge and understand all of the above.

PATIENT/GUARDIAN SIGNATURE: _____ **WITNESS:** _____

PRINTED NAME: _____ **DATE:** _____

PROOF OF DELIVERY (COMPRESSION GARMENT)

PRACTICE NAME: _____

DELIVERY ADDRESS: _____
*Where the product was handed/delivered to the patient (i.e. Practice Address)

CITY: _____ **ST:** _____ **ZIP:** _____

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

QUANTITY	PRESCRIBED ITEM AND DESCRIPTION	HCPCS CODE
	EXTREMIT-EASE Compression Garment (Regular - XS-XL) Gradient compression wrap, non-elastic, below knee, 30-50mmHG, Sizes, Each	A6545
	EXTREMIT-EASE Compression Garment (Tall - XS-XL) Gradient compression wrap, non-elastic, below knee, 30-50mmHG, Sizes, Each	A6545

BRAND NAME: _____ **SERIAL/LOT NUMBER:** _____

SIZE: _____ XSMALL _____ SMALL _____ MEDIUM _____ LARGE _____ XLARGE

_____ Right _____ Left _____ Bilateral # of Wounds (if applicable) _____

SUPPLY WARRANTY INFORMATION: By signing below, I am certifying that I have received the above designated item and that the item is satisfactory, fit for use and not substandard in any way. All devices eventually wear out through normal wear and tear. The products you have received have a 90 DAY manufacturer's warranty against defects in materials and workmanship, assuming normal wear and tear. We will repair or replace free of charge devices that are under warranty. Due to the medical nature of these devices, they cannot be returned, unless defective and under warranty. The products and/or services provided to you are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

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By signing below, I acknowledge and understand all of the above.

PATIENT/GUARDIAN SIGNATURE: _____ **WITNESS:** _____

PRINTED NAME: _____ **DATE:** _____