



## The SinuPulse® Elite May Be Insurance Reimbursable!

Please print this form, have your doctor fill it out, and send it directly to your insurance provider along with a copy of your National Allergy Supply invoice showing product purchase.

### Certificate of Medical Necessity

*A requirement of your patient's health insurance and/or the Board of Equalization*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Prescription Date: \_\_\_\_\_

Address & Phone: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_\_ HIC#: \_\_\_\_\_ Renewal \_\_\_\_\_

Insurance Company (s): \_\_\_\_\_ Policy/Group # (s): \_\_\_\_\_ Medical supplies and/or equipment will  
#1 \_\_\_\_\_ #1 \_\_\_\_\_ be needed for \_\_\_\_\_ months from the  
#2 \_\_\_\_\_ #2 \_\_\_\_\_ above date.

Related Diagnosis with applicable diagnosis code (s):  
\_\_\_\_\_  
\_\_\_\_\_

Reason supplies and/or equipment is necessary:  
\_\_\_\_\_  
\_\_\_\_\_

Billing Code: \_\_\_\_\_ Required Medical Items (if necessary, list additional items on back)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: The SinuPulse Elite Advanced Nasal Sinus Irrigation System may be eligible for insurance reimbursement using billing code HCPCS-E1399 Durable Medical Equipment (DME), Miscellaneous.

Prognosis: \_\_\_\_\_ Date last seen PRIOR to this prescription: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Medi-Cal Provider #: \_\_\_\_\_ Unique Physician ID Number (UPIN) \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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