Comfort Care Medical

FAX

Date: _____

Pages (including this sheet): _____

To: _____

Fax: _____ **Phone:** _____

Organization / Department: _____

From:

Name: _____

Organization / Department: _____

Fax: _____ **Phone:** _____

NOTE TO THE PHYSICIAN

Your patient is currently receiving treatment for lymphedema. Under the Lymphedema Treatment Act, effective January 1, 2024, Medicare and most commercial payers now cover medically necessary compression garments and bandaging supplies. These supplies are essential to reducing limb volume, maintaining the gains achieved in therapy, and minimizing the risk of disease progression and related complications.

To establish coverage, we respectfully request your review and signature on the attached order form. **Please fax the completed and signed form back to the supplier, Comfort Care Medical at 443-455-1402.**

If the patient is a Medicare beneficiary, please also fax physician chart notes acknowledging the patient's listed diagnosis code(s). These notes are required to substantiate medical necessity and to secure coverage for the supplies.

Thank you for your time and partnership in caring for this patient.