



PAL Health Technologies

EZ DME

PATIENT DELIVERY TICKET/INTAKE SHEET

Fax to:
817.413.9908

*** Please Print Legibly ***

<p>PRACTITIONER INFORMATION</p> <p>NAME: _____ FIRST LAST</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (_____) _____</p> <p>UPIN: _____</p> <p>MEDICARE ID #: _____</p> <p>DIAGNOSIS CODES: 1. _____ 2. _____ 3. _____ 4. _____</p>	<p>PATIENT INFORMATION</p> <p>NAME: _____ FIRST LAST</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (_____) _____</p> <p>SEX: <input type="checkbox"/> M <input type="checkbox"/> F DOB: _____</p>
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DATE	ASSIGNED (Y / N)	HCPCS	ITEM DESCRIPTION	L CODE ALLOWABLE (\$)	QTY	TOTAL SALE (\$)

* PAL cannot be held responsible for the accuracy of your claim, nor can PAL guarantee reimbursement.

ICD CODES (Check all that apply)	
POSTERIOR TIBIAL TENDON DYSFUNCTION	
<input type="checkbox"/> Flat Foot [acquired] 734	<input type="checkbox"/> Accessory Navicular 755.67
<input type="checkbox"/> Foot/Ankle Tendonitis 727.06	<input type="checkbox"/> Charcot Arthropathy or Joint 734
<input type="checkbox"/> Pronation, Ankle [acquired] 736.79	<input type="checkbox"/> Drop Foot 736.79
<input type="checkbox"/> Rupture, Tendon 727.68	<input type="checkbox"/> Muscular Dystrophy 359.1
<input type="checkbox"/> Talipes, Planus [acquired] 734	
<input type="checkbox"/> Tendonitis, Tibialis 726.72	
<input type="checkbox"/> Valgus Foot Deformity [acquired] 736.79	
ARTHRITIS	FLAT FOOT
<input type="checkbox"/> Acute/Chronic 716.97	<input type="checkbox"/> Rigid or Spastic 754.61
<input type="checkbox"/> Gouty Ankle/Foot 274	
<input type="checkbox"/> Neuropathic 713.5	
<input type="checkbox"/> Reiter's Ankle/Foot 711.17	
<input type="checkbox"/> Traumatic 716.17	

* **NOTE:** This list is not inclusive of all possible codes.

PREPAID AMOUNT: \$ _____

SECONDARY INSURANCE INFORMATION

Carrier: _____

Address: _____

City/State/ZIP: _____

Phone: (_____) _____

ID: _____ GRP: _____

PAL INVOICE #: _____