HERS Breast Cancer Foundation
FREMONT | SAN LEANDRO | LIVERMORE
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REFERRAL REQUEST FORM

Refer to Referral Request Form Guide on how to fill this form (page 11)

I. PATIENT DEMOGRAPHIC

Patient name: _____ Date of Birth: _____

Patient Phone #: _____ Email: _____

Primary insurance: ☐ PPO ☐ HMO ☐ Uninsured

Authorization attached (required for HMO insurances)? ☐ Yes ☐ No

Insurance card attached? ☐ Yes ☐ No Progress notes provided? ☐ Yes ☐ No

II. PRODUCT INFORMATION

Date of Surgery: _____

☐ Patient has a continued need for products due to Mastectomy ☐ L ☐ R ☐ Bilateral

☐ Patient has a continued need for products due to Partial Mastectomy ☐ L ☐ R ☐ Bilateral

Qty
___ L8000 Mastectomy **Bras** (With Pocket for Prosthesis)
___ A6589 Gradient **Compression** Garment with Adjustable Straps, **Bra**
___ A6528 Gradient **Compression** Garment, **Bra**, for **Nighttime** Use
___ L8030 Breast **Prosthesis (Silicone)**
___ L8020 Breast **Prosthesis (Foam)**
___ L8035 Breast **Prosthesis (Custom)**
___ L8015 External Breast Prosthesis Garment **(Post-Surgical Garment)**
___ L8010/A6578/S8424 Gradient Compression **Sleeve**
___ A6581/S8427 Gradient Compression **Glove**
___ A6582/S8428 Gradient Compression **Gauntlet**
___ A6522 Gradient Compression Garment, **Arm**, Padded for **Nighttime** Use
___ A6520 Gradient Compression Garment, **Glove**, for **Nighttime** Use
___ A6588 Gradient Compression **Wrap** with Adjustable Straps, **Arm**
___ A9282 Cranial Prosthesis **(Wig)**

III. DIAGNOSES CODES *Required* Provide diagnoses codes (ICD-10)

Breast Cancer Diagnosis *required for ALL products (see Billable Breast Cancer ICD-10 Codes)	Lymphedema Diagnosis *and breast cancer diagnosis required for compression garments	Hair Loss Diagnosis *and breast cancer diagnosis required for wigs
	☐ I89.0 ☐ I97.2 ☐ I97.89 ☐ Q82.0	☐ L65.9 ☐ L65.8

IV. PROVIDER INFORMATION *Required*

PRINT MD's first & Last Name: _____

Doctor's Signature: _____ Date: _____

Phone: _____ Fax: _____

NPI #: _____ PECOS Enrollment? YES ☐ NO ☐