

FISCHER MEDICAL SUPPLY

INSURANCE REIMBURSEMENT GUIDE



GET YOUR CLAIM FORM

You will need to contact your insurance company to obtain a **health insurance claim form** or download a copy from their website. Your claim form will also give you additional instructions pertaining to what other information they may need from your doctor or healthcare facility.

YOU'LL NEED THESE THINGS

01

A copy of your itemized invoice (included with your device) and a copy of your receipt

02

A letter of medical necessity from your doctor

03

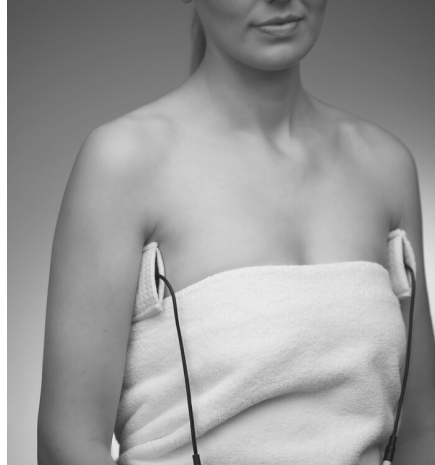
A copy of your original prescription

THE INFO

Your insurance claim form will ask for the following information:

- 01** **Provider Name:**
Fischer Medical Supply
- 02** **Provider Address:**
5400 Atlantis Ct.
Unit C
Moorpark, CA 93021
- 03** **Provider Phone:**
(800) 573-1399
- 04** **NPI:**
1205593415
- 05** **TAX ID:**
87-3440135
- 06** **HCPCS:**
E1399, or misc. durable medical equipment
- 07** **ICD-10 Diagnosis Codes:**
L74.510: Primary focal hyperhidrosis, axilla
L74.512: Primary focal hyperhidrosis, palms
L74.513: Primary focal hyperhidrosis, soles

FYI: If your insurance deductible is more than the cost of our device, you can pay out of pocket and apply the costs!



ADDED NOTE

If your insurance claim form includes an additional notes field, feel free to include the following from Fischer Medical Supply:

"There are currently no other vendors who can provide a Fischer Iontophoresis device. Fischer Medical Supply is the sole provider of this machine and dispenses directly to the patient. If you have any other questions, please feel free to contact us at (800) 573-1399."

