



Prior Authorization Package

Request For Prior Authorization

Patient Name:	Mary Amputee
Date of Birth:	MM/DD/YY
Patient ID Number:	01234ABC
Amputation Level:	Specific to Patient (i.e. Right Transfemoral, Left Transradial)
Request:	Prior Authorization for a replacement [Insert amputation level] Prosthesis with RevoFit Adjustable Socket System
Enclosures	The following attached materials provide supporting documentation to validate medical necessity for requested services
● Enclosure #1	Physician Medical Record / Notes
● Enclosure #2	Original Prescription
● Enclosure #3	Standard Written Order (SWO)
● Enclosure #4	CP Records/Prosthetic Clinical Summary (Patient Chart)
● Enclosure #5	Manufacturer MSRP(s) for RevoFit – Prosthesis and/or component parts; only necessary if payer fee schedule is not updated with L5783
● Enclosure #6	Fabrication Invoice (optional, only necessary for payers requiring cost+ reimbursement)
● Enclosure #7	Adjustable Socket Illustrations / Images
● Enclosure #8	Patient Testimonials re: RevoFit® Adjustable Socket System
● Enclosure #9	Care team notes – PT, OT, Physiatrist, etc.

Thank you for reviewing this prior authorization package.

Please contact us directly should you have any questions or require additional information.

CONTACT INFO HERE