



08/23/2012

MICHAEL G ELBERY
120 OLD PLEASANT ST APT 7
LEE MA, 01238

Re: Approval Notification for DMEPOS Services
Member Name: MICHAEL G ELBERY
ID #: B00763049

Dear: MICHAEL G ELBERY

Boston Medical Center (BMC) HealthNet Plan contracts with Northwood Inc. to manage requests for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). This letter is in response to your recent request, received on 08/22/2012 to approve coverage for the services listed below for MICHAEL G ELBERY.

Authorized Provider: T & C Flynn Pharmacy and Home Medical
Authorization Number: C11208220005

Code	Description	Dates		Quantity	Diagnosis Codes	Co-Pay
		From	To			
E0114 NU	CRTCHS UNDARM OTH THAN WOOD PAIR PAD TIP&HNDGRIP	8/22/2012	9/21/2012	1 Per Month	9597	0.00

Ordering Physician: Jorin, Alejandro D., MD

The Authorization number referenced above is not a guarantee of payment. Actual payment is contingent on the verification of medical necessity, the service being a covered benefit and the member's eligibility on the date of service. Please note that the authorization number is only valid for the above-referenced provider and is not transferable to another provider.

If you have questions, please call Northwood at 1-866-802-6471 between the hours of 8:30 a.m. and 5:00 p.m. EST, Monday through Friday (except holidays).

Sincerely,

Northwood, Inc.



DELIVERY TICKET

Date 8/22/2012 4:25:21 PM

Sales Order 84303

Customer ID 19718

T & C Flynn's Pharmacy

173 Elm St, Pittsfield, MA 01201-6530, Phone: (413) 443-3219

Customer ELBERY, MICHAEL

DOB 02/08/1952

Height 72 in.

Weight 210 lbs. Sex M

Bill to 120 OLD PLEASANT ST #7
LEE, MA 01201
(413) 394-5003

Deliver to 120 OLD PLEASANT ST #7
LEE, MA 01201
(413) 394-5003

Insurance NORTHWOOD

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time		CSR	Branch	Warehouse		
8/22/2012				Robbin	T & C Flynn's Pharmacy	T & C Flynn's Pharmacy Inc.		
Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay	
1		Purchase		00021 / CRUTCHES ALUMINUM PAIR E0114	\$50.83	\$0.00	\$0.00	
TOTAL					\$50.83	\$0.00	\$0.00	

I am aware of the following:

Financial Responsibility Statement:

PAID CASH _____ CK# _____ CHARGE _____

UNLESS DEDUCTIBLE APPLIES or BENEFIT MAXIMUM REACHED

Assignment of Benefits Statement: YES NO:

I have rec'd a copy of the Medicare Supplier Standards: [Y] [N] [D] & Rights & RESPONSIBILITIES [Y] [N] [D]

Items in the inexpensive and routinely purchased category can be rented. Flynn's policy is to sell these items, I choose to purchase this item [Y] [N]

I am requesting a refill of these items. [Y] [N] I have used up all my supplies before this order [Y] [N]

Thank You for Your Business !!!

Sales Order 84303

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Customer ELBERY, MICHAEL

Customer ID 19718

