



Lymphedema Resources, Inc.



P.O. Box 1115
Estero, Florida 33929

(239) 437-1606 Phone
(239) 437-1703 Fax

info@lymphedemaresources.org
www.LymphedemaResources.org

To Certified Lymphedema Therapists –

The requesting certified lymphedema therapist is responsible for the completeness of the request for funding approval.

Please submit/fax the following checklist with the funding request for the client to assure that all required paperwork is attached. Failure to send the proper documents ***delays the request for up to three weeks.***

Documents to be included with the package at the time of the initial request:

Client's Name: _____

Checklist of items included in the package:

- Funding request with two signatures
- Current prescription(s) (one for garments, one for LE therapy)
- Financial info (tax return - ***first two pages only or income statements etc***)
- Driver's license copy (enlarge the image and/or lighten copier to assure legibility)
- Utility or cable bill copy (***only 1 bill*** with name and address clearly shown)
- Measurements form for arms or legs
- Bandage list (if these are to be ordered by LRI)
- Two signatures (client and requesting certified lymphedema therapist)

I have reviewed the funding request and attachments for completeness:

Signature/Date – requesting Certified Lymphedema Therapist

Note – Funding requests without required documents and signatures ***will be returned with no action.*** We're eager to help your clients so be sure to submit a complete package.

June, 2012

Discount Medical Stockings

501 Goodlette Rd N Ste C-106 Naples FL 34102

fax 888-872-6070 (239) 213-9474

800-809-0342

(239) 213-9458

Bandage Order Form

Patient Name

Date of Order:

Referrer Fax (239) 437-1703

PO# Naples

| Type of Bandage | Model | Size | Rolls per Case | Case Price | Broken Case Price | Number | | Price |
|--------------------------------------|--------|------------|----------------|------------|-------------------|-------------------|-------|-------|
| | | | | | | Case | Rolls | |
| Rosidal K Short Stretch Bandages | 90685 | 6 cm | 20 | | | | | |
| | 90686 | 8 cm | 20 | | | | | |
| | 90687 | 10 cm | 20 | | | | | |
| | 90688 | 12 cm | 20 | | | | | |
| | 90689 | 10 X 10 | 20 | | | | | |
| Celona Under Padding | 290400 | 4 inch | 20 | | | | | |
| | 290600 | 6 inch | 20 | | | | | |
| Lohman Rosidal™ Soft Under padding | 23111 | 10cm | 20 | | | | | |
| | 23113 | 15cm | 14 | | | | | |
| Lohmann Komprex® Foam Rubber Padding | 22313 | 5 mm thick | 10 | | | | | |
| | 22301 | 0 Kidney | 75 | | | | | |
| Lohmann Tricofix Tubular Gauze | 24004 | 6 cm | 10 | | | | | |
| | 24006 | 9 cm | 10 | | | | | |
| | 24007 | 12 cm | 10 | | | | | |
| Mollelast Finger Bandages | 19410 | 4 cm | 10 box case | | | | | |
| | 19411 | 6 cm | 10 box case | | | | | |
| Shipping UPS ground | | | | | | Subtotal Shipping | | |
| | | | | | | | | |
| Broken cases show A handling charge. | | | | | | Total Amount Due | | |
| | | | | | | | | |

Discount Medical Stockings

501 Goodlette Rd N Ste C-106 Naples FL 34102

Leg Order Form



239-213-9458 // 800-809-0342

FAX 239-213-9474 // 888-8726070

1 COMPLETE NAME first last

FLORIDA MAILING ADDRESS Zip code LOCAL PHONE ()

NORTHERN ADDRESS NORTHERN PHONE ()

DOCTOR'S NAME REFERRED BY

2 Current garment you are wearing: Leg affected: left right both E-Mail Address

To be completed with fitter

| | | | | | | | |
|---|--|-------------------|------------------|------------------|------------------|---|---|
| <p>3 Circle length needed</p> <p>Calf</p> <p>Thigh</p> <p>Chaps</p> <p>Pantyhose</p> | <p>4 Circle compression needed</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">support 8-20 mmHg</td> <td style="width: 50%;">ccl 1 20-30 mmHg</td> </tr> <tr> <td>ccl 2 30-40 mmHg</td> <td>ccl 3 40-50 mmHg</td> </tr> </table> | support 8-20 mmHg | ccl 1 20-30 mmHg | ccl 2 30-40 mmHg | ccl 3 40-50 mmHg | <p>5 Shoe size</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Height</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Weight</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <p>6 Circle diagnosis</p> <p>457.1 lymphedema</p> <p>443.9 peripheral vascular disease</p> <p>451.0 phlebitis & thrombophlebitis</p> <p>454.0 venous stasis ulcer</p> <p>454.1 varicose veins w inflammation</p> <p>459.8 venous peripheral insufficiency</p> <p>782.3 edema edematous</p> |
| support 8-20 mmHg | ccl 1 20-30 mmHg | | | | | | |
| ccl 2 30-40 mmHg | ccl 3 40-50 mmHg | | | | | | |

7 Fill in boxes with measurements:

| | | | |
|---|--|----|---|
| | Left | | Right |
| Thigh largest circumference g: | <input style="width: 50px; height: 30px;" type="text"/> | g: | <input style="width: 50px; height: 30px;" type="text"/> |
| Calf largest circumference c: | <input style="width: 50px; height: 30px;" type="text"/> | c: | <input style="width: 50px; height: 30px;" type="text"/> |
| Ankle smallest circumference b: | <input style="width: 50px; height: 30px;" type="text"/> | b: | <input style="width: 50px; height: 30px;" type="text"/> |
| Length for calf high: (2 fingers below knee crease) a-d | <input style="width: 150px; height: 30px;" type="text"/> | | |
| Length for thigh high and panty hose a-g | <input style="width: 150px; height: 30px;" type="text"/> | | |
| Hip circumference: for pantyhose h | <input style="width: 150px; height: 30px;" type="text"/> | | |

8 Number of Pairs:

9 Rubber Fitting Gloves \$6
 small medium large

If known write:
 Brand Size Color
Open -or- Closed toe

Discount Medical Stockings

Arm Sleeve & Hand Portion

501 Goodlette Rd N Ste C-106 Naples FL 34102

Order Form



239-213-9458 / 800-809-0342

888-872-6070

FAX 239-213-9474

| | | |
|------------------------|-------|------|
| 1 COMPLETE NAME | first | last |
|------------------------|-------|------|

| | | |
|-------------------------|----------|--------------------|
| FLORIDA MAILING ADDRESS | Zip code | LOCAL PHONE () |
|-------------------------|----------|--------------------|

| | |
|------------------|-----------------------|
| NORTHERN ADDRESS | NORTHERN PHONE () |
|------------------|-----------------------|

| | |
|---------------|-------------|
| DOCTOR'S NAME | REFERRED BY |
|---------------|-------------|

| | | |
|--|--|----------------|
| 2 Current sleeve you are wearing: | Arm_affected: left right both | E-Mail Address |
|--|--|----------------|

To be completed with fitter

| |
|--|
| 3 Armsleeve |
| 3500 with full silicone 2000 with full silicone |
| 3500 with shoulder strap 3500 with ¾ silicone strap |

| |
|---|
| 4 Gauntlet or Glove |
| 3020 with thumb stub /Fingers 1101/2 thumb stub |
| 2001/2 with thumb stub 1101 Fingers Mediven ccl 1 & 2 with Finger stubs |

| |
|----------------------------------|
| Circle sleeve <u>compression</u> |
| 20-30 30-40 |

| |
|---------------------|
| Circle # of sleeves |
| 1 2 3 4 |

| |
|--------------------------------|
| Circle hand <u>compression</u> |
| 20-30 30-40 |

| |
|-------------------|
| Circle # of hands |
| 1 2 |

5 Fill in Measurements

| | Left | Right |
|---------------------------------|----------------------|----------------------|
| Axilla largest g: circumference | <input type="text"/> | <input type="text"/> |
| Elbow largest e: circumference | <input type="text"/> | <input type="text"/> |
| Wrist smallest c: circumference | <input type="text"/> | <input type="text"/> |
| Across metacarpus a: | <input type="text"/> | <input type="text"/> |

Phone: 2379/437-1606
Fax: 239/437-1703

Lymphedema Resources, Inc.
Post Office Box 1115
Estero, Florida 33929

www.lymphedemaresources.org
lymphedemares@aol.com

Funding Approval Request – Lymphedema Therapy and Compression Garments

Name of the Certified Lymphedema Therapist or Physician: _____
Facility: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Fax: _____
Email: _____

Client's Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____
Date of Birth: _____

Requesting: bandages _____ compression garments _____ lymphedema therapy _____

Is the lymphedema a result of breast cancer? Yes _____ No _____

If no, what caused the lymphedema? _____

Affected limbs or area of the body: _____

Does the client have medical insurance? Yes _____ No _____

If yes, check below and attach copies of the documentation: Medicare _____ Medicaid _____ SSD/Disability _____

Public Assistance _____ Other Insurance _____

Household Income Information: Number in the household? _____ How many adults? _____ children (under 18)? _____

Total Household Income? _____ Currently employed? Yes _____ No _____

Income sources: (attach copies) Soc. Sec. _____ Pension _____ Unemployment _____ SSD/Disability _____ Other _____

Please attach copies of ALL of the following:

Tax Return (2 pages only) _____ Driver's License _____ Cable/Utility Bill (1 only) _____ Current Prescriptions _____

Please attach a completed garment measurement form and list of bandages requested.

Number and type of compression garments requested? _____

Compression garments and bandages are shipped directly to the requesting healthcare professional.

Number of lymphedema therapy treatments/or co-pays requested (SW Florida only): _____

Up to 10 (ten) lymphedema treatments are funded, following approval. If additional treatments are required, request additional approval **before** proceeding. **Current Provider Letter** on file? Yes _____ No _____

Client signature _____ **Date** _____

Healthcare professional _____ **Date** _____

Reference Eligibility Guidelines for 2013-14 for income qualification information.

Approved: _____ **Date:** _____ **Comments:** _____

Fax, email or mail signed, completed requests with ALL attachments as indicated above. We are unable to process incomplete funding requests. All information is strictly confidential and for our use only.

Approval of funding requests is done solely at the discretion of Lymphedema Resources, Inc.

Lymphedema Resources, Inc. is a 501c3 nonprofit charity under IRS rules. Our mission as a community-based volunteer organization is to raise awareness of the potential for the development of lymphedema, to assure availability of the resources for treatment and to eliminate barriers for those with lymphedema.

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Client Qualification and Treatment Funding Guidelines

Clients requesting financial assistance are at or below 200% of the Federal Poverty Guidelines and must provide the following:

- government issued photo identification including their current address – driver's license, etc.
- current prescriptions for compression garments and/or lymphedema therapy from a physician
- tax return (first two pages) or income statement, pay or pension stub for ***all working residents*** at the same address and a utility bill for the residence (cable, electricity, telephone etc.)
- current insurance card for applications requesting co-pays
- funding assistance is requested by a physician or a certified lymphedema therapist on behalf of the client
- complete funding requests with two required signatures and ***all*** required attachments submitted at the same time in one package

Funding for qualified applicants is provided as follows:

- one compression garment and one glove or gauntlet per limb per request with a maximum of two requests per year per client – 2 garments may be requested if dire need is validated by a certified lymphedema therapist
- lymphedema therapy for up to 10 sessions may be funded per request with a max number of 20 sessions per client per year (including co-pays) – ***sessions to start after approval is received***
- lymphedema therapy funding for treatment and co-pays is available only in Charlotte, Collier, Glades, Hendry and Lee Counties in Florida
- funding for lymphedema therapy or co-pays for Medicare/Medicaid-eligible clients is not provided
- clients canceling approved lymphedema therapy sessions are not eligible for any funding for one year
- requests for compression garments and lymphedema therapy for non-breast cancer applicants will be evaluated on a case-by-case basis depending on available funding at the time of the request

Lymphedema therapy providers must have a current signed "Letter Agreement for Funding of Lymphedema Therapy" on file with Lymphedema Resources, Inc. accepting \$75 per lymphedema therapy session payment.

Incomplete applications are not considered for funding.

Approved by the Board of Directors, October 24, 2012, October 30, 2013, January 29, 2014



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Eligibility Guidelines (including 2014 Federal Poverty Guidelines)

Funding is available for underinsured/underserved individuals who require physician-prescribed compression garments for treatment of lymphedema.

To qualify, an individual must - -

Have valid photo identification with their current U.S. address (driver's license, gov't ID card)

Have a copy of their latest tax return (first two pages only). If no tax return is available, the applicant must have a pay/pension stub for all working residents at the same address and a utility bill for the residence

Be referred by a certified lymphedema therapist or physician

Have a current prescription for compression garments from a physician

Meet income guidelines:

| Family Size | Annual Income | Monthly Income |
|-------------|---------------|----------------|
| 1 | \$23,340 | \$1945 |
| 2 | 31,460 | 2622 |
| 3 | 39,580 | 3298 |
| 4 | 47,700 | 3975 |
| 5 | 55,820 | 4652 |

Note: Funding request is evaluated on a case by case basis. One sleeve and/or one glove per limb and required bandages for each approved request.

Please email us at lymphedemares@aol.com or call our office, 239/437-1606 to request a client information form and instructions for requesting financial assistance. All inquiries are confidential and most welcome.

Income guideline is 200% of Federal Poverty Guidelines published in the *Federal Register*, January 22, 2014.

Funding assistance awarded is solely at the discretion of Lymphedema Resources, Inc.



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Funding Request Instructions

- Review the Eligibility Guidelines for applicability
- Complete the Funding Request Form – including two signatures
- Review the Cover Sheet and assure all attachments are included in the submission
- Include measurement forms – arm or leg and the bandage list if required
- Fax the completed package to 239/437-1703

If the request is approved, you will be notified via email. Garments and bandages will be ordered and shipped directly to the certified lymphedema therapist. No garments/bandages are funded when ordered from any source not approved in advance by Lymphedema Resources, Inc.

It is important to assure that all required attachments are included in the original request. Failure to do so will delay the approval process by up to 3 weeks.