



Custom compression solutions that Fit your busy lifestyle.

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PATIENT REFERRALS

Below is a list of forms that MZ CustomFit needs to verify insurance benefits, place orders, and process claims. A member of our team will reach out with your patient's benefit details and discuss options. Please provide your patient with our information, so they can contact us with any questions about this process.

INSURANCE VERIFICATION ONLY REQUEST FORMS:

1. Face Sheet with demographic information from clinic
2. Signed Notice of Privacy Practices Form (located on website under forms).
3. Initial Request for Compression Services Cover Sheet (located on website under forms).
4. Copy of Insurance Cards – front and back.

PATIENT REFERRAL FORMS:

1. Face Sheet with demographic information from clinic **(Make sure the referring physician and contact information is included on paperwork).**
2. Signed Notice of Privacy Practices Form (located on website under forms).
3. Initial Request for Compression Services Cover Sheet (location on website under forms).
4. Copy of Insurance Cards – front and back.
5. Products requested with Measurement Form(s)
6. Therapist Evaluation – Plan of Care (POC)
7. Authorization to Disclose Health Care Information

Once MZ CustomFit receives the patient referral forms, we will contact the patient and review the financial responsibilities for the requested medical products and go over the stages of our process. Our customer support team will be in constant communication with the patient about their order and future reorders.

MZ CustomFit will obtain a Certificate of Medical Necessity (CMN) from the referring physician for the products requested. This is necessary to submit the claim to the insurance company for payment. Please make sure that the referring physician and contact information is included.