



Advanced Health
289 LaClair Street
Coos Bay, OR 97420
541-269-7400

DURABLE MEDICAL EQUIPMENT PROGRAM

1) Please note below the SPECIFIC DME items to be dispensed by Advanced Health:

- Diabetic supplies and meters for non-Medicare members
- Syringes only for Dual covered Medicare & Medicaid members
- Nebulizers and supplies for non-Medicare members
- Spacers for metered dose inhalers and Peak flow meters are provided by Advanced Health
- Incontinence supplies for all members
- Small, mobile Blood pressure monitors
- After DME prescription is completed and faxed to Advanced Health, instruct the member to call 541-267-5353 to reorder their supplies.

2) Please note below the SPECIFIC DME items NOT dispensed by Advanced Health:

- Diabetic Supplies & meters for Medicare Prime members not covered
- INSULIN is not dispensed from DME office (contact pharmacy at 541-269-0388 if questions)
- Nebulizer & Neb Supplies for Medicare primary members
- (RESPIRATORY MEDICATIONS AND OXYGEN are not dispensed from our DME office. Call customer service for details 541-269-7400)

If Medicare is Primary, Advanced Health will pick up co-pay.

If Medicare, diabetic supplies can be ordered through the following, not Advanced Health;

- Diabetic Experts of America 1-866-915-4223 or
- Canyon Health Care (Mail Order) 1-855-722-6966
- Medicare members can also call 1-800-Medicare to ask about whom to order diabetic supplies.

Please contact member services at 541-269-7400 with any questions or to obtain DME items listed above, or fax completed DME Prescription form to 541-267-7147



DURABLE MEDICAL EQUIPMENT PRESCRIPTION

NAME: _____ DOB: _____ MEMBER # _____

ADDRESS: _____ PHONE: _____

ICD-10 Code: _____ (Required)

LENGTH OF NEED: _____ Months (Required)

Were items dispensed? YES NO

Nebulizer or
Glucose Monitoring Kit # _____

	QTY PER MONTH
AUTOMATIC BLOOD PRESSURE MONITOR KIT	

DIABETIC SUPPLIES: GUIDELINE TESTING: NON-INSULIN DEPENDENT(ONCE PER DAY)**
INSULIN DEPENDENT(THREE TIMES PER DAY)**
****PLEASE FAX CHART NOTES IF ABOVE GUIDELINE TESTING****

MEMBER IS TO TEST: _____ PER DAY INSULIN INJECTIONS: _____ PER DAY

	QTY PER MONTH		QTY PER MONTH
EVENCARE TEST STRIPS 50ea/box		PEN NEEDLES 100ea/box	
EVENCARE LANCETS 100ea/box		LANCING DEVICE	
EVENCARE GLUCOSE METER (no charge meter)		CONTROL SOLUTION	
EVENCARE STARTER KIT (meter, 10 strips with lancets)		REPLACEMENT BATTERY	
SYRINGES 100ea/box		ALCOHOL WIPES 200ea/box	


INCONTINENT SUPPLIES (Circle supply) QTY PER MONTH

*BRIEFS (Tape- on- style)	*PULLUPS (Underwear- style)	*PANTY LINER (ANY COMBO 200 PER MO. MAX)	
DISPOSABLE UNDERPADS (Chux) (100 PER MO)			
OR WASHABLE UNDERPADS (8 PER YR MAX)			
GLOVES (2 BOXES PER MO MAX) SM: MED: LG:			

NEBULIZER SUPPLY (Circle supply) QTY PER MONTH

NEBULIZER	NEB MASK (1ea/mo)		
SPACER	DISP. NEB CUP KIT (2ea/mo)	PEAK FLOW METER	

PRESCRIBING PHYSICIAN: _____ Fax#: _____

 SIGNATURE: _____ DATE: _____

PLEASE FAX YOUR PRESCRIPTION TO Advanced Health at 541-269-7147