

Intermittent catheterization

Request for funding

PATIENT INFORMATION

Last name	First name
Policy number	
Name of insurer	
Medical condition	
<input type="checkbox"/> Quadriplegia	<input type="checkbox"/> Benign Prostatic Hyperplasia
<input type="checkbox"/> Paraplegia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Bladder Cancer
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prostate Cancer	_____

PHYSICIAN INFORMATION

Name	License number
Clinic stamp	

INSURER REQUEST INFORMATION

Dear Insurer,

My patient (named herein) has been assessed as requiring intermittent catheterization for management of urinary retention. Under their current bladder program of _____

(Insert existing bladder program details)

it has been determined that he/she has experienced the following:

Recurrent UTI (urinary tract infection) symptoms that may include:

- Autonomic Dysreflexia
- Fever
- Soreness in back or sides
- Cloudy urine with increased odour
- Onset or increased episodes of incontinence

Catheter related urethral trauma

Difficulty with insertion

Limited dexterity/hand function

Spasticity

Limited transferring function

Other: _____

As a consequence, the product prescribed (see reverse side) is required for my patient.

We therefore request funding for this product.

ADDITIONAL INFORMATION

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PHYSICIAN SIGNATURE

DATE (MM/DD/YYYY)

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Rx INFORMATION

SpeediCath®		Self-Cath®	
<p>MALE</p> <p><input type="checkbox"/> SpeediCath Flex</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#28920) <input type="checkbox"/> 12 FR (#28922) <input type="checkbox"/> 14 FR (#28924) <input type="checkbox"/> 16 FR (#28916) <p><input type="checkbox"/> SpeediCath Standard Straight</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#27410) <input type="checkbox"/> 12 FR (#27412) <input type="checkbox"/> 14 FR (#27414) <input type="checkbox"/> 16 FR (#27416) <input type="checkbox"/> 18 FR (#27418) <p><input type="checkbox"/> SpeediCath Standard Coude</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#27490) <input type="checkbox"/> 12 FR (#27492) <input type="checkbox"/> 14 FR (#27494) <input type="checkbox"/> 16 FR (#27496) <p><input type="checkbox"/> SpeediCath Compact</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12/18 FR (#28692) <p><input type="checkbox"/> SpeediCath Compact Set</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12/18 FR (#28422) <p><input type="checkbox"/> SpeediCath Standard Pediatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6 FR (#27706) <input type="checkbox"/> 8 FR (#27708) <p><input type="checkbox"/> Other SpeediCath: _____</p>	<p>FEMALE</p> <p><input type="checkbox"/> SpeediCath Standard</p> <ul style="list-style-type: none"> <input type="checkbox"/> 8 FR (#27508) <input type="checkbox"/> 10 FR (#27510) <input type="checkbox"/> 12 FR (#27512) <input type="checkbox"/> 14 FR (#27514) <input type="checkbox"/> 16 FR (#27516) <p><input type="checkbox"/> SpeediCath Compact Eve</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#28110) <input type="checkbox"/> 12 FR (#28112) <input type="checkbox"/> 14 FR (#28114) <p><input type="checkbox"/> SpeediCath Compact Set</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#28520) <input type="checkbox"/> 12 FR (#28522) <input type="checkbox"/> 14 FR (#28524) <p><input type="checkbox"/> SpeediCath Pediatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6 FR (#27706) <input type="checkbox"/> 8 FR (#27708) <input type="checkbox"/> 10 FR (#27710) <p><input type="checkbox"/> Other SpeediCath: _____</p>	<p>MALE</p> <p><input type="checkbox"/> Self-Cath Straight</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#504510) <input type="checkbox"/> 12 FR (#504520) <input type="checkbox"/> 14 FR (#504530) <input type="checkbox"/> 16 FR (#504540) <p><input type="checkbox"/> Self-Cath Coude</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#504660) <input type="checkbox"/> 12 FR (#504670) <input type="checkbox"/> 14 FR (#504680) <p><input type="checkbox"/> Self-Cath Olive Tip</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10 FR (#504720) <input type="checkbox"/> 12 FR (#504730) <input type="checkbox"/> 14 FR (#504740) <input type="checkbox"/> 16 FR (#504750) <p><input type="checkbox"/> Self-Cath Soft Straight</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12 FR (#501810) <input type="checkbox"/> 14 FR (#501820) <input type="checkbox"/> 16 FR (#501830) <p><input type="checkbox"/> Self-Cath Straight Curved Packaging</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12 FR (#502200) <input type="checkbox"/> 14 FR (#502210) <p><input type="checkbox"/> Self-Cath Closed System Straight</p> <ul style="list-style-type: none"> <input type="checkbox"/> 14 FR (#502730) <input type="checkbox"/> 16 FR (#502740) <p><input type="checkbox"/> Self-Cath Pediatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> 5 FR (#504400) <input type="checkbox"/> 6 FR (#504410) <input type="checkbox"/> 8 FR (#504420) <p><input type="checkbox"/> Other Self-Cath: _____</p>	<p>FEMALE</p> <p><input type="checkbox"/> Self-Cath</p> <ul style="list-style-type: none"> <input type="checkbox"/> 8 FR (#504600) <input type="checkbox"/> 10 FR (#504610) <input type="checkbox"/> 12 FR (#504620) <input type="checkbox"/> 14 FR (#504630) <p><input type="checkbox"/> Self-Cath Pediatric</p> <ul style="list-style-type: none"> <input type="checkbox"/> 5 FR (#504400) <input type="checkbox"/> 6 FR (#504410) <input type="checkbox"/> 8 FR (#504420) <p><input type="checkbox"/> Other Self-Cath: _____</p>
<p>Daily repeats</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> Other: _____</p>		<p>Monthly quantity</p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 180</p> <p><input type="checkbox"/> Other: _____</p>	

Please attach quotation from dealer.

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