

# 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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**R<sub>x</sub> INFORMATION**

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