



The following items are a guide to the general requirements of each product category. Actual requirements vary by insurance – additional requirements may be requested.

Local Hillrom Representative: _____

Phone: _____

Email: _____

FOR ALL ORDERS

- Physician Standard Written Order including patient name, description/name of item being ordered, physician printed name or NPI, and physician signature and date
- Patient demographic/face sheet, copy of patient’s insurance card, and the applicable required supporting documentation for the equipment being ordered as outlined below

HIGH FREQUENCY CHEST WALL OSCILLATION (HFCWO) THE VEST® AIRWAY CLEARANCE SYSTEM MONARCH® AIRWAY CLEARANCE SYSTEM		OSCILLATION AND LUNG EXPANSION (OLE) VOLARA™ SYSTEM	MECHANICAL IN-EXSUFFLATION (MIE) SYNCLARA™ COUGH SYSTEM	NONINVASIVE VENTILATION (NIV) LIFE2000® VENTILATION SYSTEM – VENTILATOR + COMPRESSOR
MEDICAL RECORDS	PAST 6-12 MONTHS INCLUDING:		PAST 3-6 MONTHS INCLUDING:	
	<input type="checkbox"/> Clinic visit notes <input type="checkbox"/> Hospitalizations/discharge summaries <input type="checkbox"/> Antibiotics and medications <input type="checkbox"/> Pulmonary function tests (PFT'S) <input type="checkbox"/> Daily productive cough for at least six continuous months or three or more exacerbations within the past year requiring antibiotics <input type="checkbox"/> Other airway clearance tried and/or considered and reasons why other therapies were inappropriate, contraindicated, or failed		<input type="checkbox"/> Clinic visit notes <input type="checkbox"/> Hospitalizations/discharge summaries <input type="checkbox"/> Respiratory therapy/pulmonary rehab notes <input type="checkbox"/> Pulmonary function tests (PFT'S) <input type="checkbox"/> Blood gas reports <input type="checkbox"/> Bilevel therapy tried and/or considered and reasons why other therapies were inappropriate, contraindicated, or failed	
IMAGING	<input type="checkbox"/> Medical imaging reports of the lungs including CT scans, x-ray, and bronchoscopy (as applicable) <input type="checkbox"/> For bronchiectasis patients, include CT scan confirming diagnosis, or if unavailable, statement in the medical records			
OTHER	<input type="checkbox"/> Face-to-face encounter with the patient within the last 6 months documenting the medical need for the product (as applicable)	If patient already has other airway clearance/ respiratory therapies, include the reason why the patient needs the Volara System in addition to their current regimen	<input type="checkbox"/> Face-to-face encounter with the patient within the last 6 months documenting the medical need for the product (as applicable)	If patient already has a non-invasive ventilator, include the reason why the patient needs the Life2000 device in addition to their current regimen

Contact your Hillrom Respiratory Health Sales Representative or Hillrom Customer Service at 1-800-426-4224 if you have any questions.

hillrom.com

The Vest® and Monarch® are registered trademarks of Hill-Rom Services PTE Ltd. Volara™ and Synclara™ are trademarks of Hill-Rom Services PTE Ltd. Life2000® is a registered trademark of Breathe Technologies, Inc., a Hill-Rom company.

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.