

# Fax Order Form



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 PH 731.836.1111  
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## WessCare Home Medical

7679 Hwy 51 North  
 Halls, TN 38040  
 7420 Guthrie Drive  
 Southaven MS,  
 38671  
 1385 South  
 Highland Ave, Suite  
 B5

**Attention:** Please complete all fields and attach current demographics and insurance, as inaccurate or incomplete information may delay this order.

<b>Patient</b>	First: _____ Last: _____ DOB: _____
	Address: _____ City: _____ State: _____ ZIP: _____
	Phone #: _____ Alternate #: _____

<b>Insurance</b>	Primary: _____ Secondary: _____
	Member ID: _____ Member ID: _____
	Group #: _____ Group #: _____

<b>Doctor</b>	Physician Name: _____
	NPI: _____
	Address: _____
	Phone: _____
	Fax: _____

<b>Diagnosis</b>	* Please Indicate Diagnosis: _____
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Ht	Wt	Length of Need
_____	_____	_____

**\*\* By faxing this form you are acknowledging that the patient is aware that a WessCare Representative may be contacting them for any additional information needed to process this order**

QTY	Product Description

**Most orders will ship within 24-48 hours of receipt, depending on insurance authorization and patient consent.** Comparable- quality products may be used to maximize patient's benefits unless otherwise indicated.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Due to insurance regulations all signatures must be signed not stamped or electronic.**

### We Take Pride in Your Home Care Needs!



\* This fax message and any attachments may contain confidential information. If you are not the intended recipient and have received this message in error, please inform the sender and delete the contents without copying, distributing or forwarding. Thank You.