tidesmedical® Patient Intake Form

Hotline Contact Info
Phone: 1-800-318-9419
E-fax: 337-205-3599

Agent Name: _____ Agent Email: _____

PROVIDER INFORMATION

Provider Name	Provider NPI	
Practice Name	Practice NPI	Practice Tax ID
Address, City, State Zip		
Office Contact Name	Phone	Fax
Office Contact Email		Preferred Contact Method ☐ Fax ☐ Email

TREATING FACILITY (IF DIFFERENT FROM ABOVE)

Facility Name			
Phone	Fax	NPI	Tax ID
Address, City, State Zip			

PATIENT INFORMATION (*NAME AND DOB REQUIRED)

Patient Name*	Phone	Date of Birth*
Address, City, State Zip		

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARDS)

Primary Insurance	Member ID	Phone
Secondary Insurance	Member ID	Phone

TREATMENT INFORMATION

Product *REQUIRED: ◯ Artacent Wound® ◯ Artacent AC®

	Diagnosis Codes *REQUIRED	Wound Size (sq cm)
Wound 1		
Wound 2		

Place of Service *REQUIRED

◯ Physician Office
◯ Patient Home
◯ Hospital Outpatient (HOPD)
◯ Assisted Living
◯ Surgery Center
◯ Nursing Facility
◯ Other: _____

Graft Application

☐ 15271: Application of graft to trunk, arms, legs, total wound surface area up to 100cm²; First 25cm² wound surface area or less

☐ 15273: Application of graft to trunk, arms, legs, total wound surface area greater than or equal to 100cm²; First 100cm² wound surface area

☐ 15275: Application of graft to face, scalp, feet, etc. total wound surface area up to 100cm²; First 25cm² wound surface area or less

☐ 15277: Application of graft to face, scalp, feet, etc. total wound surface area greater than or equal to 100cm²; First 100cm² wound surface area

HIPAA AUTHORIZATION

By submitting this form you certify that you have received the necessary patient consent to release the medical and/or other patient information referenced on this form to Tides Medical for the purpose of using and re-disclosing this information, as necessary, for insurance verification, prior authorization, and/or claims support.

The Tides Medical® Hotline is an information service program. Reimbursement and coverage results are based on the information provided to Tides Medical® from the third party payer. Coverage and reimbursement are subject to change at any time. The Hotline results are not a guarantee of coverage and payment now or in the future.

Fax this form to Reimbursement Services: 337-205-3599