M&M Medical Supplies

Your Local Source for Home Medical Supplies

WE ACCEPT

- Medicare
- Medi-Cal
- Care Advantage
- HPSM
- CCHP
- SF Health Plan
- All American Medical Group
- NEMS
- Imperial Health
- Brand New Day
- Partnership Health Plan

Coverage and authorization subject to verification.

ORDER FORM

PHONE (650) 758-1320

FAX ORDERS (650) 758-1390

PATIENT INFORMATION

Full name

Date of birth

Address

Telephone

Contact person

Height

Weight

INSURANCE INFORMATION

Insurance / health plan

Policy / member ID

Effective date

Other insurance

PHYSICIAN / PRESCRIBER INFORMATION

Primary care physician / treating practitioner

Phone

Fax

Diagnosis / ICD-10 code(s)

ORDER AUTHORIZATION

Treating practitioner signature

Order date

Prescriber name / NPI (if not included above):

DELIVERY AREA: Technician setup items - San Francisco & San Mateo counties only.
Other medical supplies: Delivery available throughout California.

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PRODUCT SELECTIONS

PHONE (650) 758-1320

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PATIENT ROOM & SEATING / POSITIONING

- ☐ Hospital bed / mattress / rail
- ☐ Trapeze bar
- ☐ Patient lift
- ☐ Other: _____
- ☐ Gel overlay
- ☐ Alternating pressure pad with pump
- ☐ Alternating pressure mattress
- ☐ Standard wheelchair cushion
- ☐ Gel wheelchair cushion

MOBILITY & ORTHOTICS

- ☐ Cane
- ☐ Walker
- ☐ Walker with seat
- ☐ Transport chair
- ☐ Quad cane
- ☐ Crutches
- ☐ Hemi-walker
- ☐ Wheelchair: lightweight
- ☐ Wheelchair: standard
- ☐ Wheelchair: reclining

Orthotics (please specify): ☐ Back ☐ Hand ☐ Wrist ☐ Knee ☐ Ankle ☐ Foot ☐ Other

BATHROOM SAFETY & DIABETIC

- ☐ Commode (3-in-1)
- ☐ Bath stool
- ☐ Shower chair
- ☐ Transfer bench
- ☐ Raised toilet seat
- ☐ Other bathroom item: _____
- ☐ Diabetic shoes
- ☐ Blood glucose monitor
- ☐ Continuous glucose monitor
- ☐ Compression stockings

Compression stockings style: ☐ Knee ☐ Thigh ☐ S ☐ M ☐ L ☐ XL

INCONTINENCE | ENTER QUANTITY (PIECES / MONTH UNLESS NOTED)

☐ Diapers / briefs	Qty: _____ S M L XL	☐ Waterproof sheeting (reusable)	Qty: _____
☐ Pull-ups	Qty: _____ S M L XL	☐ Wash (original form wording)	Qty: _____
☐ Underpads	Qty: _____	☐ Wipes	Qty: _____
☐ Liners (panty)	Qty: _____	☐ Gloves	Qty: _____
☐ Underwear (reusable)	Qty: _____	☐ Cream	Qty: _____

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ORDER SUBMISSION GUIDE

PHONE (650) 758-1320

WE ACCEPT

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- **Medi-Cal**
- **Care Advantage**
- **HPSM**
- **CCHP**
- **SF Health Plan**
- **All American Medical Group**
- **NEMS**
- **Imperial Health**
- **Brand New Day**
- **Partnership Health Plan**

Coverage and authorization subject to verification.

FAX ORDERS (650) 758-1390

CHECKLIST: MEDICARE STANDARD WRITTEN ORDER (SWO)

- ☐ Patient name or Medicare Beneficiary Identifier (MBI)
- ☐ Order date
- ☐ Description of each item ordered
- ☐ Quantity to dispense, if applicable
- ☐ Treating practitioner name or NPI
- ☐ Treating practitioner signature

An SWO alone does not establish coverage; additional records may be required.

HELP AVOID PROCESSING DELAYS

- ☐ Provide current insurance details and relevant diagnosis / ICD-10 code.
- ☐ Include clinical notes supporting medical necessity when required.
- ☐ Specify size, quantity, frequency and duration when applicable.
- ☐ Include evaluations or prior authorization when required.

DELIVERY COVERAGE & QUESTIONS

Technician setup: San Francisco and San Mateo counties only.

All other products and supplies: Delivery throughout California.

Questions? Call (650) 758-1320. Fax completed orders to (650) 758-1390.