



COMPRESSION PUMP REFERRAL INSTRUCTIONS

STEP 1:

- **DISCUSS REFERRAL WITH PATIENTS – Midwest will contact patient**
- **COMPLETE COMPRESSION PUMP REFERRAL FORM**
- **FAX items below to: (800)886-4201**
 - **REFERRAL FORM**
 - **DEMOGRAPHIC SHEET** (Patient insurance, address, phone, DOB)
 - **MEASUREMENT SHEET** (measurements if available)
 - **SIGNED PROGRESS NOTES** (insurance requires documentation below)
 - **2-3 months of progress notes**
 - Diagnoses of Lymphedema and/or CVI with secondary lymphedema
 - Diet, exercise, elevation, compression stockings or wraps with 20-30mmHG tried at least 4 weeks from onset and non-responsive

STEP 2:

- **MIDWEST COMPRESSION COMPLETES BENEFIT VERIFICATION AND FAXES INSURANCE PACKAGE TO PROVIDER FOR SIGNATURE**
- **FAX items below to: (800)886-4201**
 - **SIGNED DOCUMENTS** (All pages must be signed by provider designated on forms)
 - **SIGNED PROGRESS NOTES** (any updated, signed progress notes if not already sent in Step 1 – same as above)



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