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facsimile transmittal

To:

Fax:

From:

Mama Strut

Date:

Re:

PWO and Clinical Notes Needed

Pages:

3

CONFIDENTIAL

Attention Health Care Provider:

We have received a request to bill your patient's insurance for one of our pelvic support systems.
We will need the following sent back to us by this

1. **Attached PWO completed** (Note: See below)
2. **Supporting clinical notes**

→ It is imperative that no sections are left blank. The following must be **COMPLETELY** filled out:

- ✓ **Due Date**
- ✓ **Diagnosis** (Diagnosis Code, Duration of Need, and all Yes/No Questions MUST be answered)
- ✓ **Brace Size**

****** WE CANNOT ACCEPT THE FORM UNLESS IT IS COMPLETELY FILLED OUT WITH SUPPORTING CLINICAL NOTES ATTACHED ******

Our preferred method of submission is via email at: rx@mamastrut.com, but we can also receive faxes at: (424) 293-1283

If you have any questions, please call us at (844) 370-1858 and select extension 1 for assistance.

Best Regards,
Mama Strut Mama Care
PELV-ICE, LLC
www.mamastrut.com