

# Certificate of Medical Necessity for Hydro Pulse® Sinus System



**Your Hydro Pulse® Nasal/Sinus Irrigation System may be reimbursable by your insurance!**

Many Insurance Carriers will refund your purchase of your Hydro Pulse with a Certificate of Medical Necessity (next page).

- (1) Fill out the patient and insurance information.
- (2) Arrange to see your doctor.
- (3) Ask your doctor to fill out remainder of the form.
- (4) Send to insurance company.

If you have any questions about reimbursement, contact your insurance company.



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[www.hydromedonline.com](http://www.hydromedonline.com)

# Certificate of Medical Necessity

A requirement of your patient's health insurance and/or the Board of Equalization  
(Requires Physician's signature)

\_\_\_\_\_  
Patient Name Date of Birth  M  F

\_\_\_\_\_  
Street Address City State Zip Phone

\_\_\_\_\_  
Insurance Companies(s) Policy/Group Number(s)

#1 \_\_\_\_\_

#2 \_\_\_\_\_

\_\_\_\_\_  
Prescription Date  Renewal HIC# Initial

\_\_\_\_\_  
Diagnosis Code Diagnosis

\_\_\_\_\_

\_\_\_\_\_

Chronic Sinusitis 473.9 - Chronic Rhinitis 472.0 - Post-op 92024 - Anosmia 781.1 - Chronic Tonsilitis 474.0 - Allergic Rhinitis 477.9

Reason why products are necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Billing Code Required Medical Items

HCPSC-E1399 Durable Medical Equipment, Miscellaneous Grossan Hydro Pulse® Sinus Irrigation System

HCPSC-E1399 Durable Medical Equipment, Miscellaneous Breathe-ease® Irrigation Solution Formula (for Hydro Pulse)

\_\_\_\_\_  
Patient's Prognosis

## Physician Information

\_\_\_\_\_  
Physician's Name **IMPORTANT: PLEASE PRINT CLEARLY** Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Physician's Signature Date