

Curative Medical Services Order Form

Phone 888-969-8080 ***** Fax 800-905-2347

Order Date: _____

Received by: Phone: _____ Fax: _____ Taken By: _____

Customer Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone #: _____ Purchase Order # _____

Product	GEN CODE	CASE	EACH/CASE	QUANTITY
Wound Package #1	GEN-7000	10/case	\$64.00/\$640.00	
Wound Package #2	GEN-7001	10/case	\$85.00/\$850.00	
Wound Package #3	GEN-7002	10/case	\$90.00/\$900.00	
Wound Package #4	GEN-7003	6/case	\$115.00/\$690.00	
Wound Package #5	GEN-7004		\$260.00	

CMS use only:

Completed By: _____ SHIP DATE _____ Invoice# _____

Gentell/Physician Wound Package & Guidelines

Products	Cost	Reimbursement
2oz Spray Wound Cleanser		Wound Package #1
2x2 Impregnated Gauze (30)		
4x4 Bordered Gauze (30)	\$64.00	\$171.30
2oz Spray Wound Cleanser		Wound Package #2
4x4 Impregnated Gauze (30)		
6x6 Bordered Gauze (30)	\$85.00	\$219.30
2oz Spray Wound Cleanser		Wound Package #3
2x2 Alginate Dressing (30)		
4x4 Bordered Gauze (30)	\$90.00	\$252.60
2oz Spray Wound Cleanser		Wound Package #4
4x4 Alginate Dressing (30)		
6x6 Bordered Gauze (30)	\$115.00	\$300.60
2oz Spray Wound Cleanser		Wound Package #5
2x2 Collagen Dressing (30)		
4x4 Bordered Gauze (30)	\$260.00	\$630.00

****WHEN PROVIDING A DEBRIDEMENT TO THE WOUND DO NOT BILL WOUND CARE PRODUCTS FOR THAT DAY. BILL PRODUCTS FOR THE DAY AFTER AS THIS IS THE DATE SERVICE WILL BEGIN**

***ATTENTION* WHEN BILLING THE INSURANCE COMPANY. PLEASE REMEMBER PLACE OF SERVICE IS #12 (HOME) AND QUANTITY IS 30 FOR EACH OF THE DRESSINGS BEING BILLED. FOR THE MODIFIER USE THE NUMBER OF WOUNDS YOU ARE TREATING (1,2,3 etc) THERE IS NO REIMBURSEMENT FOR WOUND CLEANSER**