



Start your order online today at SunMEDChoice.com or by submitting this form to SunMED by fax or email Cochlear@sunmedmedical.com
 FAX 800-715-5422 | Phone 855-477-4510

R_X This form is a Prescription and Statement of Medical Necessity. All fields are required for insurance approval.

Patient Name: _____ Date of Birth: _____
 (Last) (First) (M)
 Patient Cell # _____ Patient Home # _____
 Email _____
 Patient Address: _____
 Alternate Contact Person _____ Alternate Contact Phone # _____

Primary Insurance
 Name of Insurance: _____ Effective Date: _____
 Policy # _____ Group # _____ Phone # _____
 Policy Holder (Primary Insured): Self Other: _____ DOB: _____

Secondary Insurance
 Name of Insurance: _____ Effective Date: _____
 Policy # _____ Group # _____ Phone # _____
 Policy Holder (Primary Insured): Self Other: _____ DOB: _____

- Battery Type: **PowerOne Implant Plus P675*** **ZeniPower Mercury Free A675P****
 *This battery has a \$.40/battery cell upgrade fee **This battery does not have an upgrade fee
 ZeniPower A312
 **This battery does not have an upgrade fee

Number of Processors Ordering For: Unilateral (one-side) Bilateral (two-sided)

You will automatically be enrolled in our Autoship program. Batteries will be shipped every 30 days for Medicaid patients, and every 90 days for all other insurances.
 To OPT OUT of this program, please check this box:

Please include a prescription or have your doctor complete the prescription blank below:

R_X MD Name: _____
 Address: _____
 Phone: _____ Fax: _____ NPI: _____

On behalf of the patient identified above, I am prescribing disposable batteries that are required to power my patient's external sound processor. The batteries requested are essential to support my patient's lifetime need for their hearing implant technology. My patient uses 1-2 disposable batteries (L8621) per day per treated ear.

QUANTITY: 90-day supply (180 to 360 batteries) or 30-day supply (60 to 120 batteries – for Medicaid patients only)
 REFILLS: 3x (90-day supply) or 11x (30-day Medicaid supply) LENGTH OF NEED: 99 (Lifetime)
 ICD-10 CODE: H90.3 H90.6 Other: _____
 TYPE/MODEL OF PROCESSOR: _____

IMPORTANT: Patient chart notes must be submitted that show medical necessity for the batteries.

Physician Signature Required: _____ Date: _____