



**Submit this intake form to either [inbox@sunmedmedical.com](mailto:inbox@sunmedmedical.com) or fax (800) 715-5422 for SunMED to start the order for your replacement.**

- SunMED will verify your insurance coverage. We will email you with your out-of-pocket cost, if any, and will obtain your approval to proceed.
- Once approved we will submit a request for a prescription and clinical notes from your doctor, as required by insurance, with you copied on the request.
- You will need to call your doctor to advise what is needed and explain why you need the replacement so they can this document in your chart. Your insurance will not approve without this.
- As soon as you or your doctor sends us the documentation you will receive an email from SunMED confirming the documentation has been received. If your insurance requires prior authorization we will submit the documents for their approval.

Patient Name: _____		
First	Middle	Last
Patient Address: _____		
City: _____	State: _____	Zip Code: _____
Patient Cell: _____	Patient Email: _____	
Patient DOB: _____	Gender: _____	
Caregiver name and contact, if not yourself: _____		Phone: _____
First	Last	

Prescribing Physician Name: _____	Phone: _____
Implanting Physician Name: _____	Phone: _____
<b>Manufacturer (Required):</b> _____	
Date Implanted: _____	Device Name: _____
Device Model # _____	Device Serial # _____
Reason for Replacement: _____	
_____	

Insurance Company Name: _____	
Policy Number: _____	Group Number: _____
Secondary Insurance Company Name: _____	
Secondary Policy Number: _____	Group Number: _____