| Provider Name: No | orthwood Provider Number: |
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| Member Name (LAST) | Member Name (FIRST) | Well Sense ID # | Diagnosis Code(s) ICD9 | HCPCS | Quantity | Frequency | RENTAL Original DOS | Ordering Physician Name & Phone Number | NH DHHS Authorization # (if applicable) AND End Date | Northwood Use Only Authorization Outcome |
|--------------------|------------------------|-----------------|------------------------------|-------|----------|---------------------------------------|---------------------|---|---|---|
| EXAMPLE: Smith | John | NH1234567 | 327.23 | E0601 | 1 | 11 (remaining rental months) | | Dr. Name, 603-555-1212 | N67890000 | |
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| Provider Name: No | orthwood Provider Number: |
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| Member Name (LAST) | Member Name (FIRST) | Well Sense ID # | Diagnosis Code(s) ICD9 | HCPCS | Quantity | Frequency | RENTAL Original DOS | Ordering Physician Name & Phone Number | NH DHHS Authorization # (if applicable) AND End Date | Northwood Use Only Authorization Outcome |
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| Provider Name: No | orthwood Provider Number: |
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| Member Name (LAST) | Member Name (FIRST) | Well Sense ID # | Diagnosis Code(s) ICD9 | HCPCS | Quantity | Frequency | RENTAL Original DOS | Ordering Physician Name & Phone Number | NH DHHS Authorization # (if applicable) AND End Date | Northwood Use Only Authorization Outcome |
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| Provider Name: No | orthwood Provider Number: |
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| Member Name (LAST) | Member Name (FIRST) | Well Sense ID # | Diagnosis Code(s) ICD9 | HCPCS | Quantity | Frequency | RENTAL Original DOS | Ordering Physician Name & Phone Number | NH DHHS Authorization # (if applicable) AND End Date | Northwood Use Only Authorization Outcome |
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