Alere Home Monitoring, Inc. *INR Physician Form*

1. Patient Information

First Name, M.I., Last Name ______ Date of Birth ______

Patient Phone Number(s) ______ / ______ Patient Email ______

☐ Additional Patient information attached

Warfarin Start Date:

______ / ______ / ______
Month Day Year

2. Target INR Range ______ TO ______
LOW HIGH

Alere Home Monitoring, Inc. will receive test results directly from patient and Fax ALL Results and Call for ALL Values <1.5 and >5.0 until Physician Office Preferences are on file. Patient will communicate INR test results based on Physician Office Preferences.

3. Physician Information

Prescribing Physician Name ______ NPI # ______

Address (Prescribing Physician) ______

Group Practice or Hospital Name (Prescribing Physician) ______ Prescribing Office phone ______ Office fax ______

Managing Physician, Practice or Clinic Name ______ Managing Office phone ______ Office fax ______

INR Monitoring System

Patient will be provided an INR Meter and strips approved for home use. Available meters do not have approval for pediatric use.

5. Test Frequency

☐ Weekly†

†Medicare will cover up to 52 tests per year

☐ 2-4 Times Per Month

6. Training Preference

☐ Face-2-Face® Training arranged by Alere Home Monitoring

☐ My staff will train the patient
(requires completion of Master Faculty Training)

☐ Physician confirms that this patient has received training on the prescribed monitor and home INR testing

Physician can determine Office Preferences for *Monitor Type, Reporting Instructions* and *Training Preference* with an Alere Home Monitoring Sales Representative.

4. Diagnosis* *(check up to four)*

ICD-10-CM CODE	Description
☐ Z95.2	Presence of Prosthetic Heart Valve
☐ I48.2	Chronic atrial fibrillation
☐ I48.0	Paroxysmal atrial fibrillation
☐ I82.501	Chronic, unspecified VTE in deep veins of right lower extremity
☐ I82.502	Chronic, unspecified VTE in deep veins of left lower extremity
☐ I82.503	Chronic, unspecified VTE in deep veins lower extremity, bilateral
☐ Z86.718	Personal History of other venous thrombosis and embolism
☐ I26.99	Other Pulmonary Embolism without acute cor pulmonale
☐ D68.51	Activated protein C resistance, primary
☐ Z79.01	Long term (current) use of anticoagulants

Other:

______ ______
______ ______
______ ______

7. Statement of Medical Necessity/ Prescription

This form serves as an order for Home INR Monitoring equipment, supplies, and related services. Equipment and supplies may be provided by either Alere Home Monitoring, Inc. or its third party vendors. Incomplete items will revert to Physician Office Preferences.

ITEMS PRESCRIBED: One (1) Home INR Monitoring System, and related testing materials (i.e. Test Strips and Lancets).

I certify that it is medically necessary for the patient to self-test frequently in order to maintain a stable INR, optimize its therapeutic effects and avoid the complications identified on warfarin's product labeling.

DURATION: Patient shall continue Home INR Monitoring as prescribed for as long as he/she remains capable and compliant with my instructions, but in no case for less than one year, unless otherwise noted. ☐ Other:

Medical Necessity: I further certify that the patient's medical record contains supporting documentation to substantiate this medical need. I certify that this patient has been on warfarin therapy for >90 days. I certify that this patient will undergo a training program which include the Face-2-Face® training protocols to ensure that he/she is capable of self-testing. The patient or their caregiver has no condition that makes self-testing unsafe (e.g. cognitive disorders). I agree to notify Alere if the patient or their caregiver develops a condition that makes self-testing unsafe.

8. PHYSICIAN SIGNATURE: (In compliance with CMS Pub. 100-08, Transmittal 327, Section 6698.3. Stamped Signatures are not acceptable.)

______ Date ______

FAX COMPLETED FORM AND PATIENT INFORMATION TO 1.925.606.6978

Alere Home Monitoring, Inc. • 6465 National Drive • Livermore, CA 94550 • Phone 1.877.262.4669 • ptinr.com
Submit your prescription electronically with e-Prescribe at alerecoag.com

A/C # ______
AHMWEB

*Listed codes from CMS Manual System PUB 100-20 *Medicare Claims Processing*. Coverage determination is based on specific health plan guidelines. 1511091-09 11/17