INHEALTH®
TECHNOLOGIES

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Dear Medicare Beneficiary,

Due to Medicare-mandated changes to claims processing for indwelling voice prostheses, InHealth Technologies requires this document to be reviewed, signed, and returned.

Effective October 1, 2010, only licensed health care providers may submit Medicare claims for indwelling (physician placed) voice prostheses such as Classic Indwelling, Advantage, Rapid Response, and Dual Valve. There will not be reimbursement from Medicare for indwelling prostheses purchased by the patient directly from InHealth Technologies.

InHealth Technologies will continue to bill Medicare for patients who purchase patient changeable Duckbill and Low Pressure prostheses directly from us.

Prior to supplying you with indwelling voice prostheses, we must confirm that you understand these changes, verified by your signing below and returning this form to us.

Additional information regarding the HCPCS Code L8509 billing change may be accessed online at the following government webpage: http://www.cms.gov/Transmittals/downloads/R686OTN.pdf

If you have any questions, please contact our Customer Service Department at 800-477-5969.

I, the undersigned, understand and agree to the following:

- Medicare changes effective October 1, 2010 mandate that an indwelling voice prosthesis is only covered by Medicare if it is considered medically necessary, is purchased and inserted by my healthcare provider, and the claim is submitted to Medicare by my healthcare provider.
- InHealth Technologies may no longer file a claim for reimbursement on my behalf for any indwelling voice prosthesis (HCPCS L8509).
- I must remit payment in full prior to shipment of indwelling voice prostheses purchased directly from InHealth Technologies and I will not receive reimbursement from Medicare.
- Because InHealth Technologies is unable to submit a claim to Medicare for my indwelling voice prosthesis, any secondary insurance coverage I may have will not be billed.
- I cannot appeal to Medicare for payment as InHealth Technologies will not be submitting a claim for reimbursement. No Explanation of Benefits (EOB) will be received by me, the beneficiary.

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____