

Acelis Connected Health Services *INR Prescription*

1 PATIENT INFORMATION

First Name, M.I., Last Name

Date of Birth¹

Medical Record Number

Patient Phone Number(s)

Patient Email

Warfarin Start Date:

Month / Day / Year

2 TARGET INR RANGE

TO

LOW

HIGH

Acelis Connected Health will receive test results directly from the patient, fax ALL results and transfer calls with values <1.5 and >5.0 unless Authorized Healthcare Provider Office Preferences are requested.

3 AUTHORIZED HEALTHCARE PROVIDER INFORMATION

Authorized Healthcare Provider Name (Physician / Licenced NP / PA)

NPI #

Address (Prescribing Authorized Healthcare Provider)

Group Practice or Hospital Name (Prescribing Authorized Healthcare Provider)

Prescribing Office phone

Office fax

Managing Healthcare Provider

Managing Office phone

Office fax

Clinic Contact Email Address

4 DIAGNOSIS* (check all that apply)

ICD-10-CM CODE Description

- Z95.2** Presence of prosthetic heart valve
- I48.21** Permanent atrial fibrillation
- I48.0** Paroxysmal atrial fibrillation
- I26.93** Single subsegmental pulmonary embolism without acute cor pulmonale
- I26.94** Multiple subsegmental pulmonary emboli without acute cor pulmonale
- Z86.718** Personal history of other venous thrombosis and embolism
- D68.51** Activated protein C resistance, primary
- Z79.01** Long term (current) use of anticoagulants
- Z95.811** Presence of Heart Assist Device

Other:

INR MONITORING SYSTEM

Patient will be provided an INR Meter and strips approved for home use.

5 TEST FREQUENCY

- Weekly
- 2-4 Times Per Month

6 TRAINING PREFERENCE (required for self-testing)

- Training arranged by Acelis Connected Health
- My staff will train the patient (requires completion of PST Trainer Education)
- Authorized Healthcare Provider confirms that this patient has received training on the prescribed monitor and home INR testing. (e.g., received training from a prior supplier, received training from a previous clinic, etc.)

Authorized Healthcare Provider can determine Office Preferences for Monitor Type, Reporting Instructions and Training Preference with an Acelis Connected Health Sales Representative.

7 STATEMENT OF MEDICAL NECESSITY/ PRESCRIPTION

Equipment and supplies may be provided by either Acelis Connected Health or its third party vendors. Incomplete items will revert to Authorized Healthcare Provider Office Preferences. I acknowledge that to initiate INR self-testing for the patient can take more than five (5) calendar days from the date of this prescription. My patient has consented to be contacted by Acelis Connected Health Services.

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.

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. The patient or their caregiver has no condition that makes self-testing unsafe (e.g. cognitive disorders). I agree to notify Acelis Connected Health Services if the patient or their caregiver develops a condition that makes self-testing unsafe.

Prescriber Consent for Digital Patient Communication: You are authorizing your patient to receive Digital Communications from Acelis Connected Health. If you do not want your patient to receive Digital Patient Communications, please select the following:

- I do not authorize Acelis Connected Health to initiate Digital Communications to the patient listed on this form.

8 IMPORTANT: Please attach patient demographics and insurance information, and copy of insurance card front and back, check here to confirm attachment

9 AUTHORIZED HEALTHCARE PROVIDER 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

Acelis Connected Health Services • 6465 National Drive • Livermore, CA 94550 • Phone 1.877.262.4669 • ptinr.com

A/C # _____

Submit your prescription electronically with eRx at achrx.com
*Listed codes from CMS Manual System PUB 100-20 Medicare Claims Processing. Coverage determination is based on specific health plan guidelines.

1. Available meters do not have approval for use by any individual under the age defined by the manufacturer and model labeling guideline.

© 2023 Alere Home Monitoring, Inc. dba Acelis Connected Health Services. All rights reserved. All trademarks referenced are trademarks of Acelis Connected Health Services or their respective owners.

COL-11090 01/24