

## Physician Order for ICD Monitoring

Remote Monitoring

Telephone Monitoring

### Account Information:

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Ordering Physician Information:

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ NPI#: \_\_\_\_\_ Business Fax: \_\_\_\_\_

### Patient Information:

Clinic's Patient ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Street: \_\_\_\_\_ Next of Kin: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### ICD Information: Complete below or provide a copy of patient implant record

	Manufacturer	Model Number	Serial Number	Implant Date	Wireless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Generator (ICD)					
Atrial Lead					
Ventricular Lead					
Left Ventricular Lead					

**Diagnosis Code:** (reason for implant): \_\_\_\_\_

### Insurance: Complete below or provide a copy of both sides of patient insurance card.

Medicare Part B Number (include all letters): \_\_\_\_\_  
Managed Care:  HMO  PPO PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

	Primary Insurance	Secondary Insurance
Insurance Company Name:	_____	_____
Address:	_____	_____
City/ST/Zip:	_____	_____
Phone:	_____	_____
Insured's Name:	_____	_____
Insured's Date of Birth:	_____	_____
Patient Ins. ID Number:	_____	_____
Group ID Number:	_____	_____
Authorization Number:	_____	_____
Patient Relationship to Insured:	_____	_____

### Monitoring Schedule:

Every 12 weeks & post shock/symptomatic  
 Every 6 months & post shock/symptomatic **Schedule Philips' checks in** (which months) \_\_\_\_\_ & \_\_\_\_\_  
 Other, detail frequency requested: \_\_\_\_\_  
Please provide date for patient to begin testing: \_\_\_\_\_

*In the absence of a written 'agreement of services' between Philips and the ordering physician's office, Philips is authorized to bill the patient's insurance carrier(s) and/or the patient directly for both the professional and technical components of the services provided.*

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Manufacturer Rep: \_\_\_\_\_

## To Enroll

**Call: 800.234.7223 • Fax: 800.562.4166 • E-mail: [paceenroll@philips.com](mailto:paceenroll@philips.com)**

# Instructions for filling out this enrollment form:

1. Please indicate type of monitoring:
  - a. Remote Monitoring indicates that the patient will test on the Medtronic CareLink® Network or the St. Jude Medical Merlin.Net™ Patient Care Network.
  - b. Telephone Monitoring indicates that the patient will test on the St. Jude Medical Housecall Plus™ Monitoring system.
2. Provide account and patient demographics.
3. Enter both account and ordering physician information including the NPI number.
4. Attach a copy of the patient implant record and the most recent interrogation or programmed settings if available.
5. Provide insurance information if your agreement with Philips is for technical service. You may fill in the section or you may choose to include a copy of both sides of the patient insurance card. If you have a Purchased Service agreement with us, you do not need to fill in the insurance section.
6. Monitoring Frequency Prescription:
  - a. Medicare has provided recommended testing frequency guidelines for routine patient follow-up that are shared with the service provider and the clinic. Philips will provide remote testing “without reprogramming.”
  - b. Philips is available to accept symptomatic or post shock remote transmissions. In these circumstances, we may request information to support medical necessity from the clinic.
  - c. Prescriptions will be reviewed on an annual basis for renewal.

**Most frequently used diagnosis codes\*:** *Please enter code in space provided for Diagnosis Code.*

\*This code listing is referenced from the ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: Executive Summary, 2008.04.015

Diagnosis codes are not limited to this list. If you have more specific ICD-9 codes with extensions, please enter code numbers in the space provided on the front of the enrollment form.

410	Acute myocardial infarction	427.2	Paroxysmal tachycardia, unspecified
411	Other acute and subacute forms of ischemic heart disease	427.4	Ventricular Fibrillation and Flutter
		427.41	Ventricular Fibrillation
412	Old myocardial infarction	427.42	Ventricular Flutter
413	Angina Pectoris	427.6	Premature beats
414	Other forms of chronic ischemic heart disease	427.9	Cardiac dysrhythmia, unspecified
425	Cardiomyopathy	428	Heart Failure
426	Conduction disorders	429	Ill-defined descriptions and complications of heart disease
426.82	Long QT syndrome		
426.9	Conduction disorders, unspecified	997.1	Cardiac Complications
427	Cardiac dysrhythmias	V 45.02	Implantable cardiac defibrillator