

AKT MEDICAL, LLC.

15289 STONY CREEK WAY
NOBLESVILLE, INDIANA 46060
PH: (317) 770-8355 • FX: (317) 770-8360



PRESCRIPTION INSTRUCTIONS

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. **PRESCRIPTION FOR REHABILITATION AND CERTIFICATION OF MEDICAL NECESSITY (DONE BY A PHYSICIAN)**
2. **PATIENT INFORMATION AND EQUIPMENT AGREEMENT FORM/HIPAA**
3. **PATIENT FACE SHEET & INSURANCE INFORMATION**
4. **INCLUDE A PHOTO COPY OF BOTH SIDES OF THE PATIENT'S CURRENT INSURANCE CARD**

FAX THE COMPLETED INFORMATION TO:

AKT MEDICAL, LLC
FAX: (317) 770-8360
15289 STONY CREEK WAY
NOBLESVILLE, IN 46060
PH: (317) 770-8355

IMPORTANT PAYMENT INFORMATION

- **PAYMENT FOR SERVICES IS REQUIRED PRIOR TO EQUIPMENT DELIVERY UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. AKT MEDICAL ACCEPTS CASH, CHECKS AND CREDIT CARDS.**
- **AS A COURTESY TO THE PATIENT, AKT MEDICAL WILL FILE THE INSURANCE CLAIMS. IF THE INSURANCE COMPANY SENDS US PAYMENT, A REFUND CHECK WILL BE SENT TO THE PATIENT.**
- **WE STRONGLY ENCOURAGE THE PATIENT TO BE AWARE OF THEIR INSURANCE POLICY GUIDELINES AND MAKE PLANS ACCORDINGLY. THE INSURANCE COMPANY OR HEALTH CARE PLAN MAY REQUIRE PRE-AUTHORIZATION OF THE ELITE SEAT FOR MEDICAL NECESSITY, WHICH MAY TAKE UP TO 45 DAYS.**