Prescription of Medical Necessity

Prescriber: Dr. _____

NPI#: _____

Hospital / Clinic: _____

Address: _____

Phone: _____ Fax: _____

Provider Signature: _____

Date: _____

I am requesting coverage for Ben Guard wearable medical securement device for my patient listed above. This patient requires the ongoing use of medical accessories; feeding tubes/catheters/pumps/ IV lines/ CVAD/ monitoring device. The securement and stabilization of these accessories are essential for the safety of the patient. Ben Guard is medically necessary to reduce complications, prevent infection, dislodgements of medical devices, reduction of ER visits, surgeries, hospitalizations. Ben Guard securement device is critical to preventing complications and emergency careful these reasons I strongly recommend BenGuard for the duration of patient care.