KCI REIMBURSEMENT EDUCATION HOTLINE

CONTACTSETUPFORM

Please fax completed document to #1-844-965-9468 or email to ReimbursementEducation@acelity.com

Thank you for reaching out to the KCI Reimbursement Education Hotline. Please provide the following information for your location and provider(s).

CONTACT INFORMATION

Primary Contact:_____ Email: _____

Primary Phone: _____ Fax: _____

Billing Contact:_____ Email: _____

Billing Phone:_____ Fax: _____

SITE INFORMATION

Facility Name: _____

Address:_____ City_____ State_____ Zip: _____

NPI #:_____ Tax ID: _____

SITE INFORMATION (if more than one location)

Facility Name: _____

Address:_____ City_____ State_____ Zip: _____

NPI #:_____ Tax ID: _____

SITE INFORMATION (if more than one location)

Facility Name: _____

Address:_____ City_____ State_____ Zip: _____

NPI #:_____ Tax ID: _____

Facility Type (Check One): ◯ Practice/Office (11) ◯ Home Health (12) ◯ Facility (Inpatient) (21)

◯ Facility – Off Campus-Outpatient Hospital (19) ◯ Facility – On Campus-Outpatient Hospital (22) ◯ Facility (ASC) (24)

PROVIDER INFORMATION

Provider #1 Name: _____ Provider#2 Name: _____

Provider#1 NPI: _____ Provider#2 NPI: _____

Provider #1 Tax ID: _____ Provider #2Tax ID: _____

Specialty: _____ Specialty: _____

Letter of Agreement for Reimbursement of Support Services for [Product] (the "Agreement")

The Acelity Reimbursement Education Hotline Team (the "REH Team") provides reimbursement information, education and assistance for the Acelity portfolio (KCI and Systagenix brands, collectively the "Products"). The product support services ("Services") provided (in our sole discretion) under this Agreement may include:

1. Benefits, eligibility and coverage investigation;
2. Investigation related to coverage policies and/or LCDs, including any pre-qualification standards;
3. Process support for pre-determinations and/or prior-authorizations for our Products.

The Services are only available for patient cases where the REH Team has not yet received a coverage determination (or adequate information) from the specific payor to enable us to assist with establishing clear reimbursement or reimbursement information relating to our Products as it pertains to the specific payor. Our provision of the Services requires you provide us the necessary coverage reimbursement data from the Payor, to allow development of educational service offerings for future reimbursement inquiries involving the same Payor plan(s) and to help advocate for published coverage criteria as it relates to the Products.

By accessing the Services, you acknowledge and agree to the following:

1. We do not guarantee or provide any assurance of coverage, coding, reimbursement or payment for the Products.
2. Information obtained from payors related to the coverage, coding and reimbursement/payment for Products will be shared with Provider and/or the relevant patient, as appropriate. While the information will be offered to Provider, such information does not constitute legal, coding or billing advice and Provider is solely responsible for the claims submission process, including coding, modifiers, supporting documentation, charges, and billing.
3. Any PHI will be handled consistent with applicable state and federal laws and regulations. The REH Team will retain and use, in its sole discretion, all other information obtained and/or compiled in connection with the Services.
4. Provider is not entitled to any specific Services, any amount or number of Services, or the provision of Services with respect to any particular patient, other than the patient(s) identified and specifically agreed-to by us, as identified in Benefits and Eligibility request documents.
5. You will provide all information necessary to perform the Services, and shall reasonably cooperate with us in connection with the provision of the Services.
6. You will provide REH the necessary coverage reimbursement data from the Payor.
7. Provider was selected as having one or more eligible patients, as described herein. Provider was not selected based on past, present, or anticipated future purchases of the Products or any other products, nor was it selected based on its recommendation of any Acelity products or any potential ability to generate business for, or referrals to, the Acelity companies. Further, Provider understands and agrees that the provisions of Services is not contingent upon, or related to, the use, ordering, recommending or prescribing by Provider or any of its health care professionals of the Products or any other Acelity product.

Sincerely,

Yesenia Banks

Yesenia Banks

AWT Reimbursement Manager

Signed by Provider Representative:

Signature: _____ Date:_____

Name: _____ Title:_____