



We're so swell —
you don't have to be.
Compression wear it counts.

Greetings,

When it comes to Lymphedema Products and Insurance Coverage or Private Pay, Luna Medical has you Covered! Referring your patients to Luna Medical assures quality service and ongoing support. We proudly take all the responsibility in advocating for insurance coverage for your patients diagnosed with Lymphedema, Chronic Venous Disease and Lipedema. We are a licensed home medical equipment company, solely dedicated to providing medical compression products nationwide. We maintain a Medicare supplier number, national and regional IN-NETWORK insurance contracts, JCAHO accreditation and HIPAA compliancy. We retain electronic clinical records including prescriptions, measurements and order history.

What if it was you or your family member? You would want to be in the hands of a company like Luna to experience the service and lifetime relationship you deserve with our professional and friendly team. We are the folks that function as your extension team. Luna's services and your lymphedema program and/or clinical practice reflect on each other. We understand the physical, psychological and financial implications that these patients experience when dealing with home management. Your patients need a system of support to take control of these chronic conditions and Luna Medical is here to meet their long-term needs.

WELCOME TO OUR CORPORATE HEADQUARTERS IN CHICAGO, IL PROVIDING MEDICAL COMPRESSION TO THE LYMPHEDEMA COMMUNITY FOR 28 YEARS



PERSONABLE AND PROFICIENT CUSTOMER SERVICE

- Verification of Benefits
- Obtain Certificate of Medical Necessity (CMN - Commercial) from Referring Physician
- Obtain Standard Written Order (SWO – Medicare) from Referring Physician
- Insurance Authorizations
- Order Compression Products Promptly
- Handle ALL Returns, Alterations & Replacements with NO COST to Patient
- File Claims to Insurance Companies and Networks
- File Appeals on Behalf of Patients
- Bill Flex/Health Savings Accounts
- Consultation with Certified Fitters
- Fitting Appointments
- Private Pay Pricing

HONEST & TRANSPARENT ABOUT OUR INSURANCE CONTRACTS CONTRACTED IN-NETWORK WITH COMMERCIAL INSURANCE COMPANIES, INSURANCE NETWORKS AND SELF-FUNDED HOSPITAL HEALTHCARE NETWORKS

Anthem BC California
Anthem BCBS Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada,
New Hampshire, Ohio, Virginia, Wisconsin
Empire BCBS New York (Anthem)
BCBS Federal (Nationwide)
BCBS Illinois
BCBS North Carolina
Cigna (Nationwide & Preferred Provider)
Humana (Nationwide)
TRICARE (Nationwide)
Veterans Administration

Healthlink (Arkansas, Indiana, Illinois, Missouri)
Multiplan Network (Nationwide)
NALC (Nationwide)
Prominence Health (FL, NV, TX)
Private Healthcare Systems (Nationwide)

New York-Presbyterian
Ohio State University
Orlando Health / Disney

LUNA MEDICAL PROVIDES ELASTIC SUPPORT FOR DAYTIME, IN-ELASTIC SUPPORT FOR DAYTIME/NIGHTTIME AND COMPRESSION VESTS

Essity, Inc. (Bellisse, Jobst, JoViPak, FarrowWrap)
Julius Zorn, Inc. (Juzo)
Lohmann & Rauscher, Inc. (L&R, Solaris)
LymphedIVAS
Medi USA, Inc. (CircAid, Medi)
Pure Medical, Inc. (Pure Night)
Sigvaris, Inc. (BiaCare, Sigvaris)
Thuasne (Mobiderm, Therafirm)

PATIENT REFERRALS ARE SIMPLE AND SEAMLESS

All Manufacturers' Measurement Forms and Sizing Charts
www.lunamedical.com FORMS tab (Manufacturer)

For COMMERCIAL INSURANCE REFERRALS, we will provide an initial, courtesy insurance verification of benefits.

For MEDICARE PART B REFERRALS, we are required to have measurements before we can provide a verification of benefits. After a patient with Medicare Part B benefits has satisfied the \$240 deductible, claims are payable at 80% of the Medicare allowable for the compression products. We will check the Medicare Part B benefits and coinsurance benefits. The patient will be contacted with the courtesy quote of benefits and quoted any possible deductible and/or coinsurance that could be due after the claim pays before placing the orders for the compression products.

MEDICARE ADVANTAGE PLANS do not have to follow Medicare Part B guidelines and fee schedules for coverage. A provider has to be contracted IN-NETWORK with the commercial payor for the Medicare Advantage plan. Patients may have limited or no coverage for medical compression products. **At this time, Luna Medical is not able to service Medicare Advantage Plans.**

Luna Medical will obtain a Certificate of Medical Necessity (CMN – commercial insurance) or Standard Written Order (SWO – Medicare) from the referring physician.

TO PLACE AN ORDER

Fax (888) 696-0299 OR email customerservice@lunamedical.com
FORMS tab (Referral Forms – Fax Cover and NPP)

- **Clinic Face Sheet**
- **Insurance Card(s)** - copy of front and back
Required for electronic billing – insurance payer IDs and group number)
- **Luna’s signed Notice of Privacy Practices Form (NPP)**
- **Your Initial Evaluation with a Primary Diagnosis of Lymphedema (required by Medicare)**
ONLY THESE DIAGNOSES ARE COVERED:
I89.0 Lymphedema, not elsewhere classified
I97.2 Postmastectomy lymphedema syndrome
I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0 Hereditary lymphedema
- **Progress Notes – if custom-made garments are needed, an explanation as to why they are required must be documented in your progress notes (required by Medicare)**
Examples (not all inclusive): does not fit Ready to Wear sizing, limb volume, fibrosis, chronic dorsal swelling, cone shaped limb (proximal portion of limb is significantly greater than distal limb), shelf at ankle, skin/tissue has folds or contours, unable to tolerate the fabric composition of a standard garment, requires custom flat knit for containment, etc.
- **Measurements for Product(s)**

REQUEST FOR INSURANCE BENEFITS

Fax (888) 696-0299 OR email customerservice@lunamedical.com
FORMS tab (Referral Forms – Fax Cover and NPP)

- **Clinic Face Sheet**
- **Insurance Card(s)** – copy of front and back
- **Luna’s signed Notice of Privacy Practices Form (NPP)**

ALTERNATIVELY, LUNA OFFERS ONLINE SUBMISSION THAT IS ENCRYPTED AND HIPAA COMPLIANT

Visit Luna Medical’s home page at www.lunamedical.com and scroll down to Submit Patient Forms by uploading them OR you or your patient can complete the Online Patient Data Form, Online Clinical History Form and Online Notice of Privacy Practices Form for submission.

ONCE THE MEASUREMENTS ARE RECEIVED

We contact the patient and review the financial responsibilities for his/her medical products, explain the authorization process (if applicable) and verify placement of his/her orders for medical products. Patients are billed any deductible or coinsurance due after the claim is processed by the insurance company(ies).

We obtain a Certificate of Medical Necessity (CMN) for commercial insurance claims and a Standard Written Order (SWO) for Medicare claims from the referring physician. This CMN is submitted to the insurance company for authorization (if applicable) and used to file the claim for payment of the medical products. Most products do not require prior authorization. Medicare claims will not require prior authorization.

WHAT IF THE COMPRESSION PRODUCT DOES NOT FIT OR NEEDS A DIFFERENT COMPRESSION OR FABRIC?

Luna Medical honors all the manufacturers' return and remake policies at our expense.

Sometimes, for example, a patient needs a flat knit stocking to replace the circular knit stocking, a higher compression class or a custom stocking needs to be remade. The manufacturers require that Luna requests a Return Authorizations within 30 days from the date the product was delivered to the patient.

When requesting a return authorization, please email your request to customerservice@lunamedical.com

After your patient receives the replacement stocking or garment, we will mail a Return Authorization letter and prepaid FedEx label to ship the product back to the manufacturer so we can get credit to our account. The patient will be instructed to launder the garment prior to shipment.

Remember, our relationship with your patients is for life. We are here to make sure that their compression product needs are met with successful home management of these chronic conditions. We are here to assist you and your patients every step of the way.

WANT TO SCHEDULE A ZOOM MEETING WITH THE FOUNDER OF LUNA MEDICAL

If you would like to schedule a Zoom meeting with Marianne "Myanna" Luh to discuss any or all of the topics listed, please visit our website and click on the VIRTUAL SERVICES tab or email your request to mluh@lunamedical.com

Lymphedema Products and Insurance Coverage
Nuances when Measuring for Compression
Lymphedema Product Options
How to Refer a Patient
Discuss a Patient Case
Virtual Fitting

If you do not see an insurance company, insurance network or self-funded hospital healthcare network listed that you would like to see Luna Medical contracted In-Network with, please email your request to mluh@lunamedical.com

We are continually adding more contracts for compression products nationwide.

*Thank you for your patient referrals from
Our Luna Team of Patient Care Specialists & Lymphedema Advocates
We look forward to working with you!*

We've Got You Covered!

Marianne "Myanna" Luh
CEO/Founder (1996)
Director of Insurance Contracting
National Educator
Patient Care Specialist/Fitter
mluh@lunamedical.com
<https://www.linkedin.com/in/marianne-luh-94267865/>

Curtis Bumgarner
President/COO
Director of Accounting
cbumgarner@lunamedical.com

www.lunamedical.com
info@lunamedical.com
Phone (800) 380-4339
Fax (888) 696-0299



FAX COVER - NEW REFERRAL

1057 W. Grand Avenue, Suite 1
Chicago, IL 60642
www.lunamedical.com
Phone (800) 380-4339
Fax (888) 696-0299

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customerservice@lunamedical.com
orders@lunamedical.com

IN-NETWORK: ANTHEM BCBS (14 states - see below), BCBS Federal, BCBS IL, BCBS NC, CIGNA (NATIONAL PREFERRED PROVIDER),
HEALTHLINK, HUMANA, MULTIPLAN, PRIVATE HEALTH CARE SYSTEMS (PHCS), PROMINENCE HEALTH, TRICARE, VETERANS ADMINISTRATION

Date: _____ Number of pages: _____(including cover sheet) Patient Name: _____

Table with 4 rows and 2 columns: To: Luna Medical, Inc.; From: (First name, Last name, Title); Attn: Patient Referrals Dept.; Clinic:; Phone#: 1-800-380-4339; Phone#: (xxx-xxx-xxxx); Fax#: 1-888-696-0299; Fax#: (xxx-xxx-xxxx)

COMMERCIAL INSURANCE REFERRALS, we will provide an initial, courtesy insurance verification of benefits. Please note:
BCBS plans (not Federal) allow 8 units (compression garments) per 365 days (not calendar year).

MEDICARE PART B REFERRALS, we are required to have all documents from the CHECKLIST, including measurements before
we can provide a verification of benefits. After patient has satisfied the \$240 deductible, claims are payable at 80% of the
Medicare allowable. The supplemental or secondary insurance will be balance billed. Medicare allows 3 garments per
body part every 6 months and 2 night garments every 2 years.

MEDICARE ADVANTAGE PLANS, we are required to have all documents from the CHECKLIST, including measurements
before we can provide a verification of benefits. Do not follow Medicare Part B quantities for coverage. We are accepting
Anthem BCBS (CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, OH, VA, WI, Empire NY) and they allow 8 total units (compression
garments) per 365 days. We accept Humana (nationwide) and the number of garments is subject to medical necessity.

Luna Medical will obtain a Certificate of Medical Necessity (CMN – commercial insurance) or Standard Written Order
(SWO – Medicare) from the referring physician.

PLEASE NOTE: ALL DOCUMENTS BELOW ARE NOW REQUIRED BEFORE WE CAN PLACE ORDERS. With the
implementation of Medicare coverage, additional documentation was made as a requirement for medical compression
providers to get paid. This checklist applies to Medicare, Medicare Advantage and Commercial Insurance plans.

CHECKLIST:

- Clinic Face Sheet
● Insurance Cards - copy of front & back (need for electronic billing – insurance payer ID and group number)
● Luna's EPACKET for signature www.lunamedical.com FORMS – REFERRAL FORMS-EPACKET (includes Privacy Practices)
● Your Initial Evaluation MEDICARE PATIENTS must have a Primary Diagnosis of Lymphedema 189.0, 197.2, 197.89, Q82.0
● Progress Notes – for custom-made garments, an explanation as to WHY they are medically necessary must be documented
for accessories, an explanation as to WHY each is needed must be documented
● Measurements for Product(s)

AFFECTED BODY PART(S): [] LEFT [] RIGHT [] ARM [] HAND/FINGERS [] LEG [] FOOT/TOES
[] BREAST/CHEST [] HEAD/NECK [] TORSO [] OTHER

SPECIAL REQUESTS/COMMENTS:

Notice: The information contained in this facsimile transmission is confidential and intended for the personal use of the person named above as the addressee. If the reader
of this message is not the intended recipient, or the employee of the agent responsible for delivering this message to the intended recipient, you are hereby notified that any
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at the address shown above. 05/2024



We're so *swell* - you don't have to be
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Specialists in Venous & Lymphatic Insufficiencies

LUNA MEDICAL, INC. · 1057 W GRAND AVENUE, SUITE 1, CHICAGO, IL 60642

PHONE (800) 380-4339 · FAX (888) 696-0299 · WWW.LUNAMEDICAL.COM · INFO@LUNAMEDICAL.COM

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PATIENT CLINICAL HISTORY

Patient Name: _____

Outpatient, Rehabilitation Lymphedema Treatment Program: Yes No

Name of Hospital or Facility: _____

Diagnosis: I87.2 Venous insufficiency (chronic) (peripheral) I89.0 Lymphedema, not elsewhere classified

Other _____

Affected Extremity: Upper Left Upper Right Lower Left Lower Right Abdomen Buttocks Face/Neck

History includes Cellulitis/Lymphangitis infections: Yes No

Primary Lymphedema: Milroy's Disease (at birth) Lymphedema Praecox Lymphedema Tarda

Klippel-Trenaunay Syndrome Other _____

Secondary Lymphedema (Cancer):

Breast Melanoma Cervical Ovarian Uterine Vulvar Prostate Head/Neck Other _____

If Breast Cancer Surgery: Lumpectomy Mastectomy

Cancer Surgery: Axillary Node Dissection Axillary Node Removal

Groin Node Dissection Groin Node Removal

Month/Year of Surgery: ____/____

Radiation Therapy Chemo Therapy

Secondary Lymphedema (Venous Lymphatic Insufficiency):

Venous Ulcers Dermatitis Weeping fluid Deep Vein Thrombosis (DVT) Post Phlebotic Syndrome Limb

Heaviness Fibrosis Other _____

Completed By: _____

Date: _____

Luna Medical, Inc 02/2016

PRODUCTS REQUESTED

Daytime, Elastic Support:

Manufacturers: Jobst Juzo Lymphedivas Medi Sigvaris Solaris (EXO)

Body Part: Arm Hand Glove Hand Gauntlet Vest Calf Thigh Toe Glove Boxer Capri Pantyhose
 Biker-Shorts Facial/Mandibular

Daytime, Non-Elastic Support:

Manufacturers: BiaCare CircAid Farrow Solaris Juzo

Body Part: Calf/Foot

Nighttime, Non-Elastic Support:

Manufacturers: CircAid JoViPak Peninsula Solaris Biacare Farrow

Body Part: Arm/Hand Vest Calf Thigh Boxer Capri Pants Facial/Mandibular Other _____

Type of Garment:

Customized Garment Ready to wear garment

Compression Class:

15-20 mmHg 20-30mmHg 30-40mmHg 40-50mmHg

Measurements:

Completed By: _____ Date: _____



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy:

Luna Medical, Inc. is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates Luna Medical, Inc. to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Luna Medical, Inc. abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Right

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

Luna Medical, Inc. is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Luna Medical, Inc. reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

HITECH Amendments

Luna Medical, Inc. is including HITECH Act provisions to its Notice as follows: **HITECH**

Notification Requirements

Under HITECH, Luna Medical, Inc. is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Luna Medical, Inc. is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Business Associates

Effective September 2013, Luna Medical, Inc.'s Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, documentation requirements, and the Omnibus Rule apply directly to the business associate.

Cash Patients/Clients

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct Luna Medical, Inc. to send the e-health record directly to a third party. Luna Medical, Inc. may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health

Luna Medical, Inc. does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Luna Medical, Inc. to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Examples of Disclosure for Treatment, Payment, and Healthcare Operations:

We will use your health information for treatment Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive. **We will use your health information for payment** In order to determine your eligibility for equipment and/or supplies, Luna Medical, Inc. may contact your insurance company and disclose healthcare related information. Also, Luna Medical, Inc. will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations Luna Medical, Inc. may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures:

Business Associates There are some individuals who are under contract with Luna Medical, Inc. and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

For More Information:

Please contact Luna Medical's Privacy Officer, at (800) 380-4339, if you require additional information and/or want to pursue your rights, including:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;
- Revoking authorizations at any time;
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's General Manager. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.

YOU HAVE A RIGHT TO HAVE A COPY OF THIS FORM AFTER YOU SIGN IT

Patient's Name: _____ Patient's Signature: _____ Date: _____

If this authorization form is signed by a Personal Representative for the individual patient:

Representative's Name: _____ Representative's Signature: _____ Date: _____

Relationship to Patient: _____

Luna Medical, Inc. 6/2015



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HANDOUT FOR NEW PATIENTS

Thank you for allowing us the opportunity to assist you with your garment orders. We look forward to our new and ongoing relationship. Luna Medical, Inc. is solely dedicated to providing compression therapy products for patients diagnosed with Lymphedema and Chronic Venous Disease. Our main billing office and corporate headquarters are located in Chicago, Illinois and we have been working with lymphedema treatment programs nationwide since 1996. Our services include assistance in obtaining authorizations for coverage of lymphedema medical products from the insurance company, insurance billing and case management.

IMPORTANT INFORMATION REGARDING LYMPHEDEMA PRODUCTS ORDERS

Luna will verify your insurance benefits for medical products and we will call you to tell you what your deductible and/or co-payment could be after the claim is processed. Unless your coverage is currently payable at 100%, we cannot order garments until we have a verbal OK from you that you accept the possible amount due. We do not bill you until your claim is paid by the insurance company and if claims from other providers are processed before our claim, the amount quoted may be less. If Luna calls and leaves a message, be sure to call us back at our toll free number 1-800-380-4339 or email us through our online portal at www.lunamedical.com. Due to the HIPPA Privacy act, Luna is unable to leave a message detailing this information on your voicemail; however we can email you this information.

Additional garments

A quantity of two sets of elastic support (Jobst, Juzo, Medi) for daytime use are acceptable by insurance companies for wash and wear to prevent cellulitis infections. Patients may order daytime, elastic support every 4-6 months. For initial orders, we order one set of elastic support at a time to insure a proper fit, and patients/therapists can contact us to place 2nd orders once this is determined. Patients may order daytime/nighttime, non-elastic support (CircAid, JoVi, ReidSleeve, Tribute) every year, as needed.

**WE WILL BE MAILING A BROCHURE AND A BUSINESS CARD TO YOUR HOME ADDRESS.
WE WILL CONTACT YOU AFTER WE HAVE RECEIVED MEASUREMENTS FOR YOUR PRODUCTS.**

***Thank you again for the opportunity to assist you with your orders.
We look forward to working with you!***



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PRODUCTS REQUESTED

Daytime, Elastic Support:

Manufacturer: Jobst Juzo Lymphedivas Medi Sigvaris L&R (Exo) Therafirm/Knitrite

Body Part: Arm Hand Glove Hand Gauntlet Vest Facial/Mandibular

Calf Thigh Toe Glove Biker Short Capri Pantyhose

Ready to Wear: 15-20mmHg 20-30mmHg 30-40mmHg 40-50mmHg

Custom: 18-21mmHg 23-32mmHg 34-46mmHg 49-70mmHg

Daytime/Nighttime, In-Elastic Support (Wraps):

Manufacturer/Product: BSN Medical (Farrow) Juzo (Juzo Wrap) L&R (Ready Wrap)

Medi (CircAid Juxta-Fit) Sigvaris (Compreflex) Other _____

Body Part: Arm Hand Calf Knee Thigh Foot

Nighttime, Non-Elastic Support Garments:

Manufacturer/Product: BSN Medical (Relax) BSN Medical (JoviPak) Medi (CircAid Profile)

L&R (Tribute) L&R (TributeWrap) Peninsula (ReidSleeve)

Pure Medical (Pure Night) Sigvaris (Medaform) Thuasne (Mobiderm)

Body Part: Arm/Hand Vest Facial/Mandibular Calf Thigh Other _____

Decongestion Garments: Medi (CircAid Reduction Kit) Mobiderm Kit Other _____

Compression Vest: BSN (Bellisse) BSN (Custom-Seamed) Other _____

Measurements/Comments: