

PRESCRIPTION PRODUCTS



- Elite Custom Manual
Item# AMS100
- Elite Custom Battery
Item # AMS150
- Premium Manual & Battery
Item #AMS200

Medicare Covered

How Does Vacuum Therapy Work?

The Vacuum Erection Device works by simulating the natural erection process by delivering blood flow to the penis through the use of negative pressure.

Treatment is a simple 3 step process. First, a controlled vacuum is applied after placing the penis in the device's cylinder. The vacuum within the cylinder gently draws blood into the erectile tissues to achieve an erection. Second, after the erection is achieved, it is maintained by placing a specially designed tension band around the base of the penis. The cylinder and pump is removed, leaving the tension band in place.



The band may be worn to hold the erection as long as thirty

minutes. Third, the tension band is removed to end the erection. (Warning: Tension Bands are not to be worn over thirty minutes). The American Urology Association's clinical panel on impotence treatment recognizes vacuum erection therapy as a safe and effective non-invasive impotence treatment. For additional information, call Reach MedCare, LLC at 877-854-9333 to speak to a representative, or visit the web at www.ReachMedical.com for educational assistance.

NON-PRESCRIPTION PRODUCTS

- Vitality OTC Manual
Item # AMS300
- Vitality Battery
Item # AMS350



Phone: 877-854-9333 Fax: 901-861-6260

PRIVATE PAY ORDER FORM

Select Prescription Product

- Elite Custom Manual - AMS100 \$ 495.00
- Elite Custom Battery - AMS150 \$ 495.00
- Premium Manual & Battery - AMS200 \$ 575.00

All Prescription Devices include carrying case, pump, vacuum cylinder, sizing inserts, multiple tension systems, lubricant, loading cone, instructional DVD and manual, limited lifetime warranty and batteries if required.

** Prices are subject to change without notice.*

Select Non - Prescription Product

- Vitality OTC Manual - AMS300 \$ 199.00
- Vitality OTC Battery - AMS350 \$ 249.00

Total Product	
Tennessee Residents add Sales Tax Total multiplied by 1.0925	
Total Order	

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE _____

Payment Method

Check or Money Order payable to Reach MedCare, LLC

- Visa MasterCard
- Discover American Express

CREDIT CARD NO. _____ EXP. DATE _____

X _____
SIGNATURE _____ Card C V V

Mail Order Brochure to Reach MedCare, LLC

Reach MedCare, L.L.C.

**Your Physician's Choice
For ErecAid Therapy**



Medicare Covered Solution

Vacuum Therapy Device

Safe and Over 90% Effective
Reliable, Non-Invasive Treatment
Prostatectomy Recovery Aid
Improve E.D. Oral Medications
Professional Training & Assistance

901-854-9333

877-854-9333

Reach MedCare, L.L.C.

356 New Byhalia Rd., Ste. 1B
Collierville, Tennessee 38017



Reach MedCare, LLC is a National
Healthcare Provider Accredited by the
Accreditation Commission for
Healthcare, Inc.

**Patient Assignment of Insurance Benefits
Authorization for Payment
Purchase Information Agreement**

I authorize Reach MedCare, LLC to file my insurance for benefits and I authorize the release of any information necessary to complete this claim. I understand that insurance coverage is not guaranteed and I am responsible for cost of the device not covered by insurance. I understand I am required to enclose payment in full if my coverage is through a Medicare HMO. I have been trained by a physician, health care professional, company representative or manufacturer's training materials provided in the system on the use of this product. I received a copy of the HIPPA Notice of Privacy Practices, Patient Bill of Rights, Warranty information and the CMS Medicare DMEPOS Supplier Standards. I understand I may report a grievance should I become dissatisfied with any portion of my care experience. I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 901-854-9333 or 877-854-9333 and ask to speak with the customer service supervisor. Grievances will be reviewed and an investigation initiated within 48 business hours. Every attempt will be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint or grievance. If your complaint is not satisfactorily resolved, you may also make inquiries or complaints about this company by calling your local Social Services Department at 800-541-7367 and/or ACHC at 919-785-1214.

X _____
Patient Signature Date

Reach MedCare, L.L.C.
P.O. Box 1434
Collierville, TN 38027-1434

356 New Byhalia Road, Suite 1B
Collierville, TN 38017

901-854-9333 or 877-854-9333
Fax: 901-861-6260

PATIENT ORDER FORM

Complete Patient Order Form and sign Assignment of Benefits. [Include front and back copies of all insurance cards with your order.](#) Mail or fax forms to Reach MedCare. All forms must be complete to process the order.

Patient Name

Physical Address

City State Zip

Birth Date Phone Number

Alternate Phone Number

Medicare Policy Number

Secondary Insurance Company Phone Number

Secondary Policy Number Plan/Group No.

Emergency Contact Phone Number

Have you ever owned a vacuum erection device?

No Yes (Please give details)

PHYSICIAN ORDERS

Physician Name

Address

City State Zip

Phone Number Fax Number

Specialty

Equipment prescribed for Impotence:

Manual Vacuum Erection System

Battery Vacuum Erection System

Is Patient's Impotence:

Organic In Nature Not Organic

ICD-9-CM Code 607.84

Describe Reason For Organic Impotence:

Length of need for device:

Life Time Years _____

The vacuum erection device prescribed is medically necessary for the treatment of this patient's organic impotence due to the reason described above.

X _____
Physician Signature

NPI # (Required) Date