Tomorrow Health

Phone 1-844-402-4344 | Fax 888-616-2361
tomorrowhealth.com

◯ Standard Service (1-3 days) ◯ Urgent Discharge Service
Orders placed before noon will be fulfilled same day

Biliblankets

1. Patient Information

First name*: _____ Last name*: _____

Address*: _____ City*: _____ State*: _____

Zip*: _____ Phone*: _____ Email: _____

Insurance carrier*: _____ Insurance member ID*: _____

Date of birth*: _____ Sex*: _____ Height: _____ Weight: _____

2. Clinical Details

Frequency of use*: _____ Length of need*: _____

Diagnosis 1 (ICD-10)*:

◯ P59.9 (Neonatal jaundice, unspecified) ◯ P59.0 (Neonatal jaundice associated with preterm delivery) ◯ Other: _____

Diagnosis 2 (ICD-10): _____ **Diagnosis 3 (ICD-10):** _____

3. Bili-Blanket Requirements

☑ **Bilirubin level:** _____
Must be greater than 12 mg/dL and less than 22 mg/dL

☑ **Caregivers are capable of understanding and following direction***

☑ **The infant is otherwise healthy, active and feeding well***

☐ **If ordering a replacement bulb, patient already owns a biliblanket that is covered**

4. Product Selection

◯ **Phototherapy (bilirubin) light with photometer (bili-blanket) - E0202**

◯ **Replacement bulb/lamp for UV light therapy system, each - A4633**

5. Notes

_____

_____

_____

6. Referring Provider Information

Referring provider name*: _____ NPI*: _____ Date*: _____

Referring provider signature*:

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