Dear Customer,

JP Healthcare Solutions has provided a Letter of Medical Necessity for you to present to your family Physician or Healthcare Provider. Please ask your Physician or Healthcare Provider to submit the Letter of Medical Necessity to your private insurance company for possible payment reimbursement for your recent purchase of the EZ Lift Vest.

Although we are unable to guarantee that reimbursement will be granted by your insurance company, we are hopeful it will be a consideration. We have also attached a flyer which provides information about the EZ Lift Vest to submit to your insurance company along with the Letter of Medical Necessity. If you, or your insurance representative require additional information, please do not hesitate to call our customer service department at: 800.792.2970 or the contact information listed below. We would be happy to speak with the insurance representative directly.

Sincerely,

Cathy Foster, RN
Principal and Founder
901.355.8321 (Mobile)
info@ezliftvest.com |cfoster@ezliftvest.com | www.ezliftvest.com

Peggy Cauthen, RN
Principal and Founder
941.544.4917 (Mobile)
info@ezliftvest.com |pcauthen@ezliftvest.com www.ezliftvest.com

Letter of Medical Necessity

Please print on Physicians letterhead

Date

Name of Insurance Company _____
Address _____
City _____ State _____ Zip _____

Re: Letter of Medical Necessity for the EZ Lift Vest

Patient Name _____
Group /Policy number _____
Diagnosis Code _____

I am writing on behalf of my patient, _____ to request authorization for the treatment and use of the EZ Lift Vest, (a manual transfer lift device), to assist the patient with ambulation, lifts and transfer maneuvers.

This letter serves to document that _____has a diagnosis of _____ and requires the utilization of the EZ Lift Vest, and is medically necessary for him/her as prescribed.

Medical History: The patient is a _____ year old M/F diagnosed with _____

_____.

The patient, _____ has been in my care since _____as a result of the diagnosis of _____. His/her medical history is described as _____
_____.
The attached medical records document my patient's clinical condition and medical necessity for the use of the EZ Lift Vest to assist with ambulation, lifts and transfer maneuvers.

Based on the above facts, I am confident that you will agree that the EZ Lift Vest is indicated and medically necessary for this patient.

Treatment Plan: _____

Please consider coverage of the EZ Lift Vest on behalf of _____ and approve the use and subsequent payment for the EZ Lift vest as planned. Please refer to the enclosed prescribing information for the EZ Lift Vest. If you have any further questions, please do not hesitate to call our office at: _____. Thank you for your prompt attention to this matter.

Sincerely,

Physician Signature Title Date

EZ Lift Vest

- Unisex, one piece garment with eleven (11) handgrips; 6 on the front and 5 on the back
- Adjustable contour straps; two on the inside front of the garment and two on the back of the garment offers the patient a tapered, secured and comfortable fit with a zippered closure
- Sturdy, durable, washable and made of a light weight and breathable poly cotton twill fabric
- Securely enwraps entire upper torso allowing pressure during the lift to be evenly distributed around the body
- Complete back support during transfers and repositioning maneuvers
- Can be worn continuously throughout the day, remove during naps and bedtime

Benefits for Loved Ones

- Decreases the risk for unintentional falls, skin tears, bruising and shoulder dislocations

Benefits for Employees and Caregivers

Using the EZ Lift Vest requires less physical exertion during lifting, transferring and repositioning activities and may reduce the risk for wrist, shoulder and back injuries

Highlights of the EZ Lift Vest

- Created by registered nurses
- Patented design
- Currently used in Nursing Homes, Home Care, Assisted Living and Adult Day Care settings.

$169.99

Contour Straps

MADE IN USA

JP Healthcare Solutions | P.O. Box 110639 | Lakewood Ranch, Florida 34211 | 800.792.2970 (Office)