Dear Customer,

Thank you for your recent purchase of the **EZ Lift Vest**. To help you apply for potential insurance reimbursement, JP Healthcare Solutions has included a **Letter of Medical Necessity** and product information sheet for your records.

Please bring these documents to your family physician or healthcare provider and ask them to submit them to your insurance company on your behalf. Depending on your policy, you may qualify for partial reimbursement through your private insurance, disability healthcare plan, or Medicare Advantage (listed under **HCPCS Safety Device Code E0700**).

Although we cannot guarantee coverage, we are hopeful your carrier will consider your claim. If you or your insurance representative need more details about the EZ Lift Vest, please don't hesitate to call our customer service team at **800-792-2970** or reach out via the contact details below. We are always happy to speak directly with your insurer to help.

Sincerely,

Cathy Foster, RN
Principal and Founder

800-792-2970 (Office)
704-761-9338 (Mobile)

info@ezliftvest.com
cfoster@ezliftvest.com

Peggy Cauthen, RN
Principal and Founder

800-792-2970 (Office)
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info@ezliftvest.com
pcauthen@ezliftvest.com

To Help You Seek Insurance Reimbursement for Your Recent EZ Lift Purchase

To help you seek insurance reimbursement for your recent **EZ Lift Vest** purchase, JP Healthcare Solutions has enclosed a **Letter of Medical Necessity** and product details.

Next Steps:

1. **Give these documents to your doctor:** Ask your healthcare provider to submit the Letter of Medical Necessity and product sheet to your insurance carrier.

2. **Check your plan benefits:** Private insurance, Medicare Advantage, and disability healthcare plans may cover a percentage of the cost. If you have Medicare Advantage, reference **HCPCS Safety Device Code E0700**.
   Reimbursement is determined by your specific insurance policy and is not guaranteed. If you or your insurance representative need additional product information, please call us at **800-792-2970** or use the contact information below—we would be glad to speak with them directly.

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 Title Date

The EZ Lift Vest: Designed for Seniors, Adults and Children with Unstable Balance and Coordination

- 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 double zippered closure
- Sturdy, durable, washable and made of 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 accidental 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 Facilities, Adult Day Care, PT, School settings and Family Caregivers.









$219.99
Sizes 2XS to 3XL
Colors: Navy & Black

Contour Straps

MADE IN USA

JP Healthcare Solutions | P.O. 110639 Bradenton FL. 34211 | 800-792-2970 | ezliftvest.com