

How does prescribing the **bodyCushion**[™] work?

1. The doctor writes a very specific prescription for a **bodyCushion** System as manufactured by Body Support Systems, Inc.
2. In addition to the prescription form, an accompanying prescription letter from the doctor to the insurance company is recommended, referring to the correct C.P.T. Codes. (Sample letter on following page)

Examples:

- ~ **C.P.T. Code 99070** - "Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered.
- ~ **C.P.T. Code 97140** - "Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more region, each 15 minutes.
- ~ **C.P.T. Code 97124** - "Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)."

3. Payment:

- ~ Option 1: Patient pays for a **bodyCushion** System and is reimbursed by Body Support Systems, Inc. upon receipt of payment by insurance company.
- ~ Option 2: Insurance Company pays directly to Body Support Systems, Inc. Upon receipt of payment, Body Support Systems, Inc. ships unit to patient.

Body Support Systems, Inc. will assist in any way possible to assure and hasten payment by insurance carrier. However, Body Support Systems, Inc. can in no way assure payment from your insurance carrier.

Prescriptions written by MD's carry greater weight with insurance companies.

Electromyogram Study information is available to illustrate to the doctor the efficacy of the **bodyCushion**. The **bodyCushion** system allows greater decompression and, of course, allows the patient increased positioning options, adjustability, and comfort.

Sample prescription letter...

To Whom It May Concern:

*I have recommended that _____ purchase a **bodyCushion** orthopedic positioner for personal use as an aid in healing and rehabilitating his/her soft tissue injuries.*

The bodyCushion will provide much needed therapy on a more regular basis, resulting in lower treatment costs to you, the insurance carrier for same.

The patient has been instructed as to how to use this orthopedic positioner and is to use the device per my instructions _____ times per week for the next _____ months/years.

*The **bodyCushion** will reduce the overall cost of treatment. In that this patient will own the device, the savings are readily apparent. For any urther information, please do not hesitate to call.*

Yours truly,

Dr. _____