



Dear Provider,

The Acelyty Reimbursement Education Hotline provides reimbursement educational services for our portfolio of wound care therapies. If you would like to access Benefit verification services (when coverage for a particular Acelyty product is non-published or unclear, Payor coverage will be researched in limited quantities), we require the attached document to be completed, signed and returned. The document must be executed by someone in your health system with the authority to bind your health system to a contract. This is usually handled through the Supply Chain, Materials Management, Procurement/Sourcing, and/or Compliance/Privacy Officer roles.

The initial set up page will establish your contact information for all future Benefit and Eligibility (B&E) coverage research with payers and will only need to be completed once. Please list all of the providers to be included with this contract. The second Service Agreement page governs the exchange of value, allowing the Acelyty Reimbursement Education Hotline to make calls to the insurance companies on behalf of the Health Care Provider (HCP) under limited circumstances (where coverage is not available, non-published, or unclear in order for Acelyty to trend reimbursement data on its products) to research patients' benefits, eligibility and coverage for a specific Acelyty product. The Service Agreement also outlines the program limitations for support services provided, and how the coverage research is conducted. The document is evergreen and therefore does not have an expiration date, and will only be collected once for our files.

Once the attached document is returned we will provide your facility with a B&E request intake form to be submitted each time a B&E research is requested for a specific patient. Please make copies for future use prior to marking this original. We will respond to each request with the results via fax within 1 business day (excluding weekends). If there are any delays, you will be notified.

We look forward to assisting you and your patients. If you have any questions please contact the Reimbursement Education Hotline at 1-800-668-6812 or via email at [ReimbursementEducation@kci1.com](mailto:ReimbursementEducation@kci1.com)



## ACELITY REIMBURSEMENT EDUCATION HOTLINE

### CONTACTSETUPFORM

Please fax completed document to #1-800-311-9291 or email to ReimbursementEducation@acelity.com

Thank you for reaching out to the Acelity Reimbursement Education Hotline. Please provide the following information for your location and provider(s).

#### CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### SITE INFORMATION

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

NPI #: \_\_\_\_\_ Tax ID: \_\_\_\_\_

#### SITE INFORMATION (if more than one location)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

NPI #: \_\_\_\_\_ Tax ID: \_\_\_\_\_

#### SITE INFORMATION (if more than one location)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

NPI #: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Facility Type (Check One):  Practice/Office (11)  Home Health (12)  Facility (Inpatient) (21)

Facility – Off Campus-Outpatient Hospital (19)  Facility – On Campus-Outpatient Hospital (22)  Facility (ASC) (24)

#### PROVIDER INFORMATION

Provider #1 Name: \_\_\_\_\_ Provider#2 Name: \_\_\_\_\_

Provider#1 NPI: \_\_\_\_\_ Provider#2 NPI: \_\_\_\_\_

Provider #1 Tax ID: \_\_\_\_\_ Provider #2Tax ID: \_\_\_\_\_

Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Letter of Agreement for Reimbursement of Support Services for [Product] (the "Agreement")**

The Acelity Reimbursement Education Hotline Team (the "REH Team") provides reimbursement information, education and assistance for the Acelity portfolio (KCI and Systagenix brands, collectively the "Products"). The product support services ("Services") provided (in our sole discretion) under this Agreement may include:

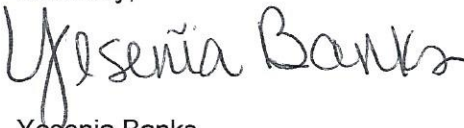
1. Benefits, eligibility and coverage investigation;
2. Investigation related to coverage policies and/or LCDs, including any pre-qualification standards;
3. Process support for pre-determinations and/or prior-authorizations for our Products.

The Services are only available for patient cases where the REH Team has not yet received a coverage determination (or adequate information) from the specific payor to enable us to assist with establishing clear reimbursement or reimbursement information relating to our Products as it pertains to the specific payor. Our provision of the Services requires you provide us the necessary coverage reimbursement data from the Payor, to allow development of educational service offerings for future reimbursement inquiries involving the same Payor plan(s) and to help advocate for published coverage criteria as it relates to the Products.

By accessing the Services, you acknowledge and agree to the following:

1. We do not guarantee or provide any assurance of coverage, coding, reimbursement or payment for the Products.
2. Information obtained from payors related to the coverage, coding and reimbursement/payment for Products will be shared with Provider and/or the relevant patient, as appropriate. While the information will be offered to Provider, such information does not constitute legal, coding or billing advice and Provider is solely responsible for the claims submission process, including coding, modifiers, supporting documentation, charges, and billing.
3. Any PHI will be handled consistent with applicable state and federal laws and regulations. The REH Team will retain and use, in its sole discretion, all other information obtained and/or compiled in connection with the Services.
4. Provider is not entitled to any specific Services, any amount or number of Services, or the provision of Services with respect to any particular patient, other than the patient(s) identified and specifically agreed-to by us, as identified in Benefits and Eligibility request documents.
5. You will provide all information necessary to perform the Services, and shall reasonably cooperate with us in connection with the provision of the Services.
6. You will provide REH the necessary coverage reimbursement data from the Payor.
7. Provider was selected as having one or more eligible patients, as described herein. Provider was not selected based on past, present, or anticipated future purchases of the Products or any other products, nor was it selected based on its recommendation of any Acelity products or any potential ability to generate business for, or referrals to, the Acelity companies. Further, Provider understands and agrees that the provisions of Services is not contingent upon, or related to, the use, ordering, recommending or prescribing by Provider or any of its health care professionals of the Products or any other Acelity product.

Sincerely,



Yesenia Banks

AWT Reimbursement Manager

Signed by Provider Representative:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_