



**Southeastern Medical Supply, Inc**  
1024 Wildwood Centre Dr, Ste A  
Columbia, SC 2922-  
Phone: 803-233-3691  
Fax: 803-233-6140  
[www.semedical.com](http://www.semedical.com)

### **CLAIM SUBMISSION CHECK LIST**

**BE SURE TO SUBMIT THE FOLLOWING INFORMATION**

- Signed copy of the Insurance Policies Form.
- Completed and signed copy of the Insurance Intake Form.
- Prescription or Letter of Medical Necessity with a Diagnostic Code.
- Copy of the front and back of your insurance card.

Submit this information by faxed to 803-233-6140.  
Or e-mailed to [insurance@semedicalsupply.com](mailto:insurance@semedicalsupply.com).



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**INSURANCE INTAKE FORM**

**PRODUCT**

Quantity:	Model #:	Description:	Price:

If your order has already been placed: Order # \_\_\_\_\_ :

**BENEFICIARY INFORMATION**

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

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender:  Male  Female

Name of Legally Responsible Representative:

(If Different from Beneficiary)

Relationship to beneficiary:  Spouse  Child

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Gender:  Male  Female

Primary Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Secondary Insurance:

ID Number: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

**Additional Notes:** ALL claims require a prescription or letter of medical necessity from their physician with a diagnosis code on it AND A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

X \_\_\_\_\_ Date: \_\_\_\_\_

Sign Here

I certify that the above information is correct and give Southeastern Medical Supply, Inc. the authority to file a claim with my insurance company for the above stated DME Product.



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### INSURANCE POLICIES

- 1.) Customer must complete, sign and fax required insurance claim documents before we can submit a claim on your behalf.
- 2.) Customer must submit a doctor's prescription including diagnosis code BEFORE we can process a claim.
- 3.) Payment must be received in full before equipment is shipped to you.
- 4.) If customer has a co-pay, they must pay for the entire purchase and upon receipt of insurance payment, we will reimburse their credit card.
- 5.) If customer's insurance will pay the full purchase amount, we will ship the product upon receipt of payment, or the customer can pay in advance and we will reimburse their credit card upon receipt of insurance payment.

Best regards,

**Mary Nodelman**

Mary Nodelman, Owner / Insurance Coordinator  
Southeastern Medical Supply, Inc

X

Date:

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Sign Here

I certify that I have read and agree to the above policies.