



636 Treeline Drive, Suite B
Charles Town, WV 25414
Tel: 877-585-8230
Fax: 304-725-4915
www.rebuilder-dme.com

Dear Doctor,

Your patient is returning today for his / her thirty (30) day evaluation of the use of the ReBuilder TENS with Conductive Garments.

Medicare requires the completion of a TENS specific Certificate of Medical Necessity (CMN) Form. Enclosed is both a BLANK form that you can complete, along with a SAMPLE form that shows the questions and section that are critical.

Medicare's very specific instructions on the completion of the CMN are on the back of the form itself; you must complete sections B and D and we will complete section A and C.

The evaluation visit must be documented in the patient's medical record. This documentation must include how often the patient used the ReBuilder and duration of each use. This information has been logged by the patient on the "Treatment Record." Please ask for a copy to keep in the patient file. Also, there must be documentation stating that the patient is likely to derive significant therapeutic benefit from continued use of the ReBuilder.

Once you complete, sign, and date the CMN, please fax to us at 304-725-4915.

Please phone if you have any questions, and ask for the Medicare Department.

Thank you,

Medicare Processing Staff
ReBuilder Medical Technologies, Inc.