



WHAT YOU NEED TO KNOW ABOUT “SUBMITTING AN ORDER TO BLACKBURN’S”

Insurance Guidelines

Your healthcare insurance company has specific coverage guidelines for all types of medical products and services. As a contracted provider for your insurance company, BLACKBURN'S is required to verify patient information and medical conditions before the medical equipment and/or supplies are provided. BLACKBURN'S is often required to obtain a copy of the physician's clinical documentation to confirm medical necessity in addition to the prescription. This must be done prior to providing the requested product(s). Our ability to provide timely delivery depends upon the timely response from the physician office.

BLACKBURN'S Central Intake provides caregivers and patients with a streamlined method of placing multi-faceted orders. Realizing that your time is valuable, our goal is to reduce the amount of time needed when calling in an order. On every order, we ask the patient to provide and/or confirm personal information as mandated by Medicare and most insurance companies.

Be assured this information is considered Protected Health Information (PHI) and is used by BLACKBURN'S for the purpose of treatment, payment and/or services. BLACKBURN'S is prohibited from disclosing this information to any other party unless permitted by law.

Failure to capture all of the required information during the initial order intake will possibly delay delivery of the medical equipment and supplies.

Who Should Call

With durable medical equipment and medical supplies, insurance coverage guidelines can be different and require our customer service representative to obtain additional information about the patient.

If the patient has any disabilities that might make it difficult to communicate the necessary information clearly over the phone, BLACKBURN'S strongly recommends a caregiver (spouse, relative, etc.) place the call for them.

What You Need

Before placing the call, have the following information available:

- Patient's (name/ address/phone)
- Patient's Social Security Number
- Patient's Date of Birth
- Primary Insurance ID# and Group# AND Secondary Insurance ID# and Group#
- Patient's (height/weight/sex)
- Any infectious disease present. If yes, please provide details to representative.
- Patient's primary care physician (name/address/phone)
- Alternative / Emergency Contact (name/ address/phone)



DME/Rehab - Specialty/Bariatric Equipment - Respiratory - Medical Supplies - Pharmacy - Home Accessibility Aids

301 Corbet Street
Tarentum, PA 15084
724.224.9100 800.472.2440
Fax: 724.224.9124

308 East Sixth Street
Erie, PA 16507
814.454.2863 800.328.9325
Fax: 814.454.2706

3242 Union Road
Cheektowaga, NY 14227
716.688.8911 877.472.0192
Fax: 716.558.7645