

SUGGESTED REFILL REQUEST FORM

SUPPLIER INFORMATION

Company Name	
Employee Name and Title	

BENEFICIARY INFORMATION

Name	
Medicare number	
Date of Contact with Beneficiary	

REQUESTED ITEM(S)

1	Description of item requested:	
	Requested by beneficiary:	Yes No
	If a consumable supply, quantity remaining:	
	If a non-consumable supply, reason for replacement:	

2	Description of item requested:	
	Requested by beneficiary:	Yes No
	If a consumable supply, quantity remaining:	
	If a non-consumable supply, reason for replacement:	

3	Description of item requested:	
	Requested by beneficiary:	Yes No
	If a consumable supply, quantity remaining:	
	If a non-consumable supply, reason for replacement:	

Refill Request (authorized by):	
Relationship with the Beneficiary (if applicable):	

Refill request requirements per the Standard Documentation Policy Article A55426, the refill record must include:

- Beneficiary's name or authorized representative if different from the beneficiary
- A description of each item that is being requested
- Date of refill request
- For consumable supplies i.e., those that are used up (e.g., ostomy or urological supplies, surgical dressings, etc.) the supplier must assess the quantity of each item that the beneficiary still has remaining to document that the amount remaining will be nearly exhausted on or about the supply anniversary date.
- For non-consumable supplies i.e., those more durable items that are not used up but may need periodic replacement (e.g., PAP and RAD supplies) the supplier must assess whether the supplies remain functional, providing replacement (a refill) only when the supply item(s) is no longer able to function. The supplier must document the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill).

This is a suggested Refill Request Form; the use of this form is optional. Please refer to the DME MAC Jurisdiction C Supplier Manual, Chapter 3 for a detailed description of documentation requirements regarding Refill Request:

- Jurisdiction B: <https://www.cgsmedicare.com/jb/pubs/pdf/chpt3.pdf>
- Jurisdiction C: <http://www.cgsmedicare.com/jc/pubs/pdf/chpt3.pdf>

