

How to place a verbal order

A physician or designee can place an order for the LifeVest by contacting Customer Support at 1-800-543-3267. The following details will be needed:

- physician's name and NPI number
- contact name/phone/fax
- patient's name
- insurance information, if known
- name of hospital/room number (if hospitalized)
- start date (or date of hospital discharge)
- estimated length of need of LifeVest use
- VT and VF rate thresholds (or specify to use defaults)
- energy thresholds (or specify to use defaults)
- reason for the LifeVest (diagnosis)
- discharge to location (home/SNF/rehab)

What to fax back to us

The following items should be faxed to ZOLL Lifecor at 1-866-567-7615 (toll-free):

- hospital face sheet (includes patient address, DOB, phone, and insurance details)
- supporting documentation substantiating diagnosis and medical necessity (see below)
- we will complete a Medical Order form and fax to physician for signature

What supporting documentation to provide

Include the following supporting documentation:

Condition	What to document	How to document
cardiac arrest due to VF or sustained VT	VF or sustained VT episode	Attach one of the following that identifies and dates the event: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • ECG/rhythm strip showing VF or sustained VT • EP study with induced VF or sustained VT
familial or inherited SCA risk	evidence of syndrome leading to higher SCA risk	Attach one of the following that identifies the SCA risk condition: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • ECG strip showing long QT or other abnormality
MI or dilated cardiomyopathy with an EF \leq 35%	MI or dilated cardiomyopathy	Attach one of the following that identifies and dates the diagnosis: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • ECG strip showing evidence of infarction
	EF \leq 35%	Attach one of the following that dates and reports results of EF testing: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Report from echocardiogram or other test estimating the EF
ICD explantation	ICD explantation	Attach one of the following that identifies and dates the explantation: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary
other high risk of life-threatening VT/VF	evidence of risk	Attach one of the following that identifies the risk condition: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Test report supporting risk condition