

Coloplast® Care Program

Patient Enrollment Form

Enroll your patient in the program
in one of the following ways:

Fax: 1-855-676-2594

Email: care-us@coloplast.com

 Click here to email this form

Patients enrolled in Coloplast® Care receive:

- Individualized support and product access coordination led by patient-focused Continence Care Advisors
- Access to free samples
- Routine self-assessments to identify and address concerns
- Personalized, nurse-validated education

1. Patient Information

Male Female English Spanish

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email†: _____ Phone: _____

†By providing an email address the patient consents to the receipt of personalized support through Coloplast® Care Online.

2. Dispensing Information

Rx effective date: ____/____/____ Duration of need: _____ months
(1-99 months, 99=Lifetime)

Frequency per day: _____

3.

French Size: _____


4.


Dealer preference (optional): _____


5. Sample Request

Check all products that apply for sampling or write in product code: _____ (product codes can be found on the back of this form)


Straight Tip (A4351*)


- 
- SpeediCath® Standard** (hydrophilic)
- 6" Female
 - 6" Pediatric
 - 10" Boy
 - 14" Male

- 
- SpeediCath® Compact** (hydrophilic)
- 2.75" Female
 - 3.5" Female Plus

- 
- Self-Cath®**
- 6" Female (uncoated)
 - 6" Plus Female (hydrophilic)
 - 10" Pediatric (uncoated)
 - 10" Plus Pediatric (hydrophilic)
 - 16" Male (uncoated)
 - 16" Soft Male (uncoated)
 - 16" Plus Male (hydrophilic)
 - 16" Plus Soft Male (hydrophilic)


Coudé Tip (A4352*)

- 
- SpeediCath® Flex Coudé Pro** (hydrophilic)
- 13" Male Coudé Tip


- 
- SpeediCath® Standard** (hydrophilic)
- 14" Male Coudé Tip

- 
- Self-Cath®**
- 16" Male Olive Coudé Tip (uncoated)
 - 16" Plus Male Olive Coudé Tip (hydrophilic)
 - 16" Male Tapered Coudé Tip (uncoated)
 - 16" Plus Male Tapered Coudé Tip (hydrophilic)

Closed System/Set (A4353*)

- 
- SpeediCath® Compact Set** (hydrophilic)
- 3.5" Female
 - 13.2" Male

- 
- SpeediCath® Compact** (hydrophilic)
- 13.2" Male

- 
- Self-Cath® Closed System** (Single Unit)
- 6" Female
 - 16" Male
 - 16" Soft Male
 - 16" Male Olive Coudé Tip
 - 16" Male Tapered Coudé Tip

6. Nurse or MA Name (optional): _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Physician Name†: _____ NPI#: _____

Physician Signature: _____ Date: _____

†My signature acknowledges that I have read the Coloplast® Care Program Description and Terms of Enrollment found on the back of this form to the patient and the patient consented.

SpeediCath® Intermittent Catheters

SpeediCath® Standard

Female Straight Tip

Code	Size	Units	Description	HCPCS*
28506	● 6 FR	30	6" length	A4351
28508	● 8 FR	30	6" length	A4351
28510	● 10 FR	30	6" length	A4351
28512	○ 12 FR	30	6" length	A4351
28514	● 14 FR	30	6" length	A4351
28516	● 16 FR	30	6" length	A4351

Pediatric Straight Tip

28706	● 6 FR	30	6" length	A4351
28708	● 8 FR	30	6" length	A4351
28710	● 10 FR	30	6" length	A4351

Boy Straight Tip

28606	● 6 FR	30	10" length	A4351
28608	● 8 FR	30	10" length	A4351
28610	● 10 FR	30	10" length	A4351
28612	○ 12 FR	30	10" length	A4351

Male Straight Tip

28408	● 8 FR	30	14" length	A4351
28410	● 10 FR	30	14" length	A4351
28412	○ 12 FR	30	14" length	A4351
28414	● 14 FR	30	14" length	A4351
28416	● 16 FR	30	14" length	A4351
28418	● 18 FR	30	14" length	A4351

Male Coudé Tip

28490	● 10 FR	30	14" length	A4352
28492	○ 12 FR	30	14" length	A4352
28494	● 14 FR	30	14" length	A4352
28496	● 16 FR	30	14" length	A4352

SpeediCath® Flex Coudé Pro

Code	Size	Units	Description	HCPCS*
20010	● 10 FR	30	13" length	A4352
20012	○ 12 FR	30	13" length	A4352
20014	● 14 FR	30	13" length	A4352
20016	● 16 FR	30	13" length	A4352

SpeediCath® Compact Female

Code	Size	Units	Description	HCPCS*
28578	● 8 FR	30	2.75" length	A4351
28580	● 10 FR	30	2.75" length	A4351
28582	○ 12 FR	30	2.75" length	A4351
28584	● 14 FR	30	2.75" length	A4351

SpeediCath® Compact Female Plus

Code	Size	Units	Description	HCPCS*
28810	● 10 FR	30	3.5" length	A4351
28812	○ 12 FR	30	3.5" length	A4351
28814	● 14 FR	30	3.5" length	A4351

SpeediCath® Compact Set

Male

Code	Size	Units	Description	HCPCS*
28422	○ 12/18 FR	20	13.2" length includes funnel	A4353

Female

28520	● 10 FR	20	3.5" length	A4353
28522	○ 12 FR	20	3.5" length	A4353
28524	● 14 FR	20	3.5" length	A4353

SpeediCath® Compact Male with SpeediBag®

Code	Size	Units	Description	HCPCS*
28702	○ 12/18 FR	20	13.2" length includes funnel	A4353

SpeediCath® catheters are prescribed for use by pediatric patients (neonates to age 21) and adults who require bladder drainage due to urine retention or post void residual volume (PVR). Before use, carefully read all of the instructions. Call your doctor if you think you have a UTI or can't pass the catheter into the bladder. For more information regarding risks, potential complications and product support, call Coloplast Corp. at 1-866-226-6362 and/or consult the company website at www.coloplast.us

*Reimbursement Disclaimer: Coloplast Corp. provides this information for your general reference and related to the reimbursement of Coloplast products only. Reimbursement, coverage and payment policies can vary from one insurer and region to another, and may change over time. Coloplast does not guarantee coverage or payment of products.

Coloplast® Care Program Description and Terms of Enrollment: Coloplast® Care is a patient support program designed to provide support for patients who use intermittent catheters in two distinct phases. Phase I relates to individualized engagement support. In Phase II intermittent catheter users are provided with on-going online and email support for living well in the community - for as long as enrolled individuals desire to receive that educational information from Coloplast.

Coloplast® Care Phase I incorporates active engagement with a dedicated Coloplast® Care Advisor, including direct phone support with information and guidance about intermittent catheters, proper use of Coloplast products, support locating a product supplier, as well as information regarding product reimbursement.

The transition into Phase II occurs when each individual has become more independent and confident with his or her product and daily routines. Phase II is designed to provide on-going relevant information and support via email contact for each stage in the intermittent catheter journey. Personalized emails contain Coloplast® Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest.

By enrolling in Coloplast® Care independently or through your healthcare provider, I agree that Coloplast may contact me by phone (including my cell phone if that is the number I provided), text message (sms), e-mail, hard copy letter, or other means of communication but only for the purposes referred to above. I also give Coloplast my permission to interact with my healthcare provider or product supplier in connection with the support I receive through Coloplast® Care.

I understand that I can unsubscribe at any time if I do not want to receive communication from Coloplast related to my participation in the Coloplast® Care program any longer. I understand that to unsubscribe, I may call Coloplast at 1-888-726-7872 or I may unsubscribe at any time by clicking the unsubscribe option of any email I receive through the Coloplast® Care program.