



## Blood Pressure Monitor Request Form

*Self-measure blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support.*

**Fax to Western Drug at 818-551-9612 or 818-956-6695, Attn: Celeste Melgoza.**

**Email: [celeste@westerndrug.com](mailto:celeste@westerndrug.com) or call Western Drug at 818-956-6691**

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### Section A: Medi-Cal member information

(Note: Missing information will delay the delivery of the durable medical equipment.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Medi-Cal ID #: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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### Section B: Billing Information

Diagnosis: \_\_\_\_\_

HCPCS code: A4670 – Automatic blood pressure monitor

Modifier required: NU

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### Section C: Provider information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

National provider identifier#/Tax identification \_\_\_\_\_

Office phone: \_\_\_\_\_ Office contact name: \_\_\_\_\_

Clinic street address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Provider's signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

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