

NEW - AVAILABLE ON INSURANCE



HIDRAWEAR IS A MAJOR ADVANCEMENT IN HARD-TO-DRESS WOUND MANAGEMENT



Learn More

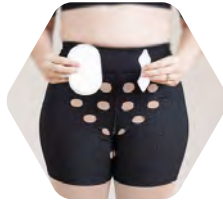
The world's first wearable wound-care system that empowers patients living with exuding wounds in hard-to-dress areas such as HS wounds to self-care.

Clinically proven to significantly improve dermatological quality of life and reduce dressing related pain*.

WEARABLE WOUNDCARE SYSTEM



Discreet, breathable underlayer



Dressing and external fastener



Dressing **safely** and **securely** in place



No skin damaging **silicone/acrylic adhesive** dressings or tapes



Removes risk of medical adhesive related skin injury (MARS)



Straightforward for patient to **change** dressing themselves in under 30 seconds

HOW IT WORKS

1



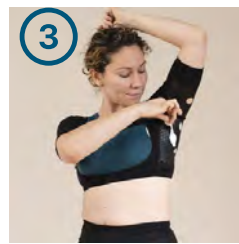
Put on the HidraWear baselayer and select a fresh dressing

2



Insert the HidraWear Dressing and place over the wound area

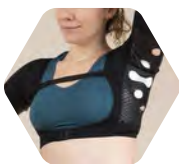
3



Secure the HidraWear Dressing in place with the External Fastening Tab

HIDRAFLEX™ BASELAYERS ACT LIKE A SECOND SKIN AND ARE WORN UNDER CLOTHING

Crop Top



Unisex T-shirt



Men's Briefs



Women's Briefs



For axilla/underarm wounds

For groin, buttocks, mons pubis, thigh wounds

HIDRAWEAR SUPERABSORBENT DRESSINGS WITH SECURELOCK™ TECHNOLOGY

Stays in place **without** uncomfortable adhesive tape/bandages

Each HidraWear wound dressing is co-packed with a **patented fastener**, ensuring **adhesive free** wound dressing retention.

Available in 2 sizes- 3" x 5" and 5½" x 7½"



HIDRAWEAR CLINICAL TRIAL OUTCOME*



100% of patients experienced an **improvement** in quality of life



87% of patients found HidraWear **quicker** and **easier** to use



100% of patients were more **confident** in HidraWear's ability to **reduce** leaks



93% of patients found that HidraWear **reduced** dressing related pain



Read Study

HidraWear can now be prescribed to your patients, with their monthly supply delivered directly to their home

Simply fill in the order from on page 3 & email or fax along with your patient info page (See right for filled in example)

How It Works:



PLEASE FILL OUT THE ENTIRE FORM AND INCLUDE THE PATIENT'S DEMOGRAPHIC TO AVOID DELAYS

PHONE: (888) 244-6421
FAX: (800) 975-6321
WWW.PRISM-MEDICAL.COM

(SECTION 1) GENERAL INTAKE INFORMATION

PATIENT NAME: John Doe ORDER START DATE: 07/01/23
 PATIENT PHONE: (222) 5550129 PATIENT DOB: 01/02/1980
 REFERRAL FACILITY: ABC Dermatology CITY: NEW YORK STATE: NY
 REFERRAL PHONE: (222) 5550109 FAX: (222) 5550167

(SECTION 2) WOUND ASSESSMENT

HidraWear Garments require an associated qualifying wound with 'FULL THICKNESS' and ICD-10 L98.499 or L98.419 for insurance eligibility

DESCRIPTION/ICD-10	WOUND 1	WOUND 2	WOUND 3	WOUND 4
WOUND EXUDATE	<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MOD <input checked="" type="checkbox"/> HVY	<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MOD <input checked="" type="checkbox"/> HVY	<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MOD <input type="checkbox"/> HVY	<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MOD <input type="checkbox"/> HVY
WOUND LOCATION	<u>Buttock</u> <input checked="" type="checkbox"/> LT <input type="checkbox"/> RT	<u>Amput</u> <input type="checkbox"/> LT <input checked="" type="checkbox"/> RT	<input type="checkbox"/> LT <input type="checkbox"/> RT	<input type="checkbox"/> LT <input type="checkbox"/> RT
WOUND SIZE (LxWxD)	<u>10</u> x <u>8</u> x <u>0.3</u> (cm)	<u>6</u> x <u>4</u> x <u>0.3</u> (cm)		
HAS THE WOUND BEEN DEBRIDED?	<input checked="" type="checkbox"/> YES, DATE: <u>6/1/23</u> <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES, DATE: <u>6/10/23</u> <input type="checkbox"/> NO	<input type="checkbox"/> YES, DATE: <u> </u> <input type="checkbox"/> NO	<input type="checkbox"/> YES, DATE: <u> </u> <input type="checkbox"/> NO
WOUND THICKNESS	<input checked="" type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	<input checked="" type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
DURATION OF NEED	<input checked="" type="checkbox"/> 90 DAYS <input type="checkbox"/> <u> </u> DAYS	<input checked="" type="checkbox"/> 90 DAYS <input type="checkbox"/> <u> </u> DAYS	<input type="checkbox"/> 90 DAYS <input type="checkbox"/> <u> </u> DAYS	<input type="checkbox"/> 90 DAYS <input type="checkbox"/> <u> </u> DAYS

(SECTION 3) WOUND CARE PRODUCTS

Please review the Sizing Chart to ensure the optimal fit.

PRODUCTS	WOUND 1	WOUND 2	WOUND 3	WOUND 4	ADDITIONAL ITEMS
WOMEN'S CROP TOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CLEANSING KIT (INCLUDES SALINE, GLOVES, COTTON TIP APPLICATORS, & SKIN PREP WIPES)
UNISEX T-SHIRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*USE SECTION 5 FOR ADDITIONAL NOTES*
WOMEN'S BRIEFS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIZING GUIDE/SUPPORT
MEN'S BRIEFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL DRESSINGS *REQUIRED*	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	
HIDRAWEAR SUPER ABSORBENT DRESSING, 3.0" x 5.0"	<u>Daily</u>	<u>Daily</u>			
HIDRAWEAR SUPER ABSORBENT DRESSING, 5.5" x 7.5"	<u>Daily</u>				
OTHER:					

(SECTION 4) SUPPLY ASSESSMENT

DOES THE PATIENT CURRENTLY HAVE ANY OF THE REQUESTED PRODUCT(S) AT HOME? YES NO

IF YES, LIST THE QUANTITY REMAINING OF EACH PRODUCT THE PATIENT CURRENTLY HAS IN THE NOTES SECTION.

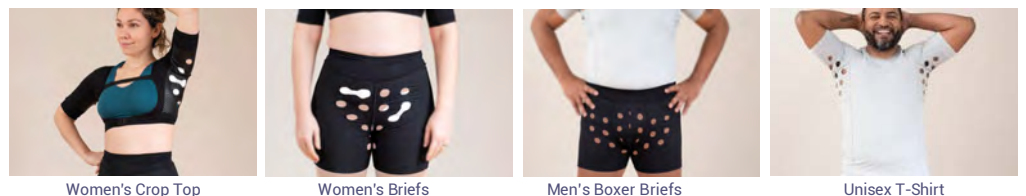
(SECTION 5) NOTES

(SECTION 6) AUTHORIZATIONS

IS THE PATIENT REQUESTING COORDINATION OF CARE? YES NO
(THE PATIENT HAS CHOSEN PRISM TO ASSIST IN PROVIDING THE REQUESTED CARE BY EITHER, PROVIDING PRODUCT, VERIFYING INSURANCE BENEFITS, BILLING FOR SERVICES) OR COORDINATING CARE SHOULD DIRECT SERVICE NOT BE AN OPTION.)

(SECTION 7) PROVIDER SIGNATURE

PROVIDER'S NAME: Example Form *If the PROVIDER listed herein is best reached at a location other than the referring facility detailed in Section 1, please provide the PROVIDER'S contact information below.)
 PROVIDER'S NPI: 1467586115
 SIGNATURE: [Signature] PROVIDER PHONE: (222) 5070112
 DATE: 07/01/23 PROVIDER FAX: (222) 5070113



Size Matters:

For best user experience please ensure you take your measurements prior to selecting a size. If in between sizes, downsizing is typically recommended. If you are unsure of your size, please take the time to contact our customer care team: call toll-free (888) 244 6421 or email info@prism-medical.com

For further support please contact us on

Call: (888) 244-6421
Fax: (800) 975-6321

Prism Medical Products is an authorized distributor for HidraWear

PLEASE FILL OUT THE ENTIRE FORM AND INCLUDE THE PATIENT'S DEMOGRAPHIC TO AVOID DELAYS.



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FAX: (800) 975-6321
WWW.PRISM-MEDICAL.COM



(SECTION 1) GENERAL INTAKE INFORMATION

PATIENT NAME: _____ **ORDER START DATE:** ____/____/____
PATIENT PHONE: (____) _____ **PATIENT DOB:** ____/____/____
REFERRAL FACILITY: _____ **CITY:** _____ **STATE:** ____
REFERRAL PHONE: (____) _____ **FAX:** (____) _____

(SECTION 2) WOUND ASSESSMENT

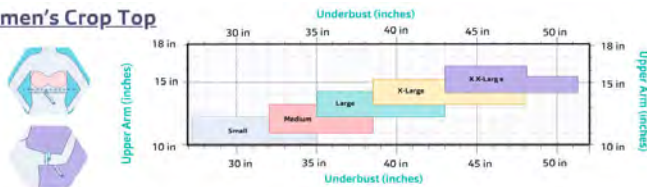
HidraWear Garments require an associated qualifying wound with 'FULL THICKNESS' and ICD-10 L98.499 or L98.419 for insurance eligibility

	WOUND 1				WOUND 2				WOUND 3				WOUND 4					
DESCRIPTION/ICD-10																		
WOUND EXUDATE	NONE	LOW	MOD	HVY	NONE	LOW	MOD	HVY	NONE	LOW	MOD	HVY	NONE	LOW	MOD	HVY		
WOUND LOCATION	LT		RT		LT		RT		LT		RT		LT		RT			
WOUND SIZE (LxWxD)	x		x		(cm)		x		x		(cm)		x		x		(cm)	
HAS THE WOUND BEEN DEBRIDED?	YES, DATE ____/____/____				NO				YES, DATE ____/____/____				NO					
WOUND THICKNESS	FULL		PARTIAL		FULL		PARTIAL		FULL		PARTIAL		FULL		PARTIAL			
DURATION OF NEED	90 DAYS				____ DAYS				(FREQUENCY OF CHANGE AND DURATION OF NEED WILL BE USED TO ASSESS QUANTITY TO BE DISPENSED)									

(SECTION 3) WOUND CARE PRODUCTS

PRODUCTS	WOUND 1	WOUND 2	WOUND 3	WOUND 4	ADDITIONAL ITEMS
<i>Please review the Sizing Chart to ensure the optimal fit.</i>	ASSOCIATED WOUND	ASSOCIATED WOUND	ASSOCIATED WOUND	ASSOCIATED WOUND	CLEANSING KIT INCLUDES SALINE, GLOVES, COTTON TIP APPLICATORS, & SKIN PREP WIPES *USE SECTION 5 FOR ADDITIONAL NOTES*
WOMEN'S CROP TOP SM M L XL XX					
UNISEX T-SHIRT SM M L XL XX					
WOMEN'S BRIEFS SM M L XL XX					
MEN'S BRIEFS SM M L XL XX					
ADDITIONAL DRESSINGS *REQUIRED*	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	FREQUENCY OF CHANGE	SIZING GUIDE SUPPORT

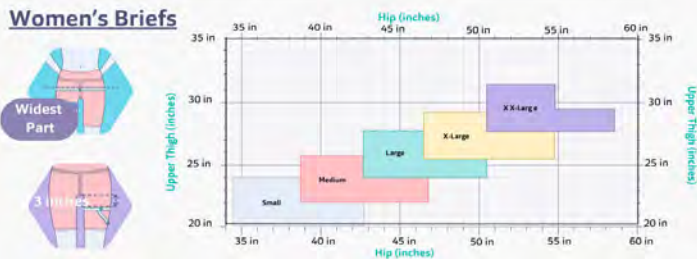
Women's Crop Top



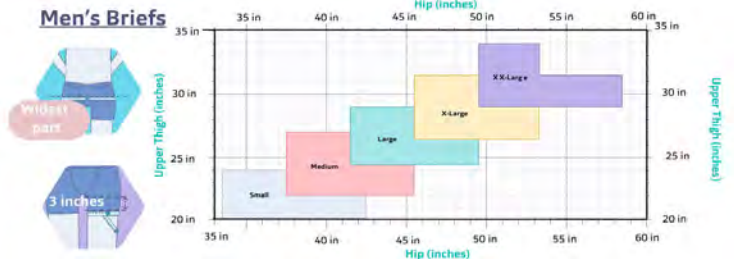
Unisex T-Shirt



Women's Briefs



Men's Briefs



(SECTION 4) SUPPLY ASSESSMENT

DOES THE PATIENT CURRENTLY HAVE ANY OF THE REQUESTED PRODUCT(S) AT HOME? YES NO

IF YES, LIST THE QUANTITY REMAINING OF EACH PRODUCT THE PATIENT CURRENTLY HAS IN THE NOTES SECTION.

(SECTION 5) NOTES

(SECTION 6) AUTHORIZATIONS

IS THE PATIENT REQUESTING COORDINATION OF CARE? YES NO
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(SECTION 7) PROVIDER SIGNATURE

PROVIDER'S NAME: _____
PROVIDER'S NPI: _____
SIGNATURE: _____
DATE: ____/____/____

*(If the PROVIDER listed herein is best reached at a location other than the referring facility detailed in Section 1, please provide the PROVIDER'S contact information below.)

PROVIDER PHONE: (____) _____
PROVIDER FAX: (____) _____

Frequently Asked Questions

What is needed to process an order?

The following information is a general checklist of the items required on a standard written order (Prism form or any written order) by most insurance plans, including Medicare

1 Qualified Wound Is Present

Medicare covers surgical/wound dressings when a qualifying wound is present. CMS defines a qualified wounds as either of the following:

- A wound caused by, or treated by a surgical procedure
- A debrided wound, regardless of the debridement technique.

Document debridement TYPE used to remove devitalized or necrotic tissue from wound (examples given are not all-inclusive):

- Surgical: sharp instruments or laser
- Mechanical: irrigation or wet-to-dry
- Chemical: topical application of enzymatic agents
- Autolytic: application of an occlusive dressing to open wound



2 Wound Information

- Type of wound(s) or ICD-10 Codes (L98.419 and L98.499)
- Location of each wound
- Size of wound(s) in cm (L x W x D)
- Amount of exudate (HidraWear is deemed suitable for **Moderate** and **High** amounts of exudate)

3 Treatment Plan

- Type of dressing to use
- Size of the dressings
- Amount to be used at one time
- Frequency of the dressing change
- Expected duration (up to 90 days)

4 Provider's Information

- Provider's name and NPI
- If unable to obtain signature when order is placed, please note where signature request should be sent (if it is different than clinic)

5 Patient's Demographic Info / Face Sheet

Having this information right away allows us to begin verifying insurance benefits and helps avoid any delays in shipment.

How easy is it to order and have supplies shipped to patients?

- Prism's one-page order form takes just 45 seconds to complete.
- The team at Prism are there to help should you need any additional support

Will Prism substitute products when I request brand specific products?

- If there is a reimbursement issue or a product is not available, the Prism team will confirm any changes with you prior to shipping supplies.

How quickly are supplies delivered?

- With the exception of a PO Box address, orders are typically shipped and delivered within 24-48 hours

Our team are here to help

- Our team will fax order updates to confirm shipment and make you aware of any delays.
- You are unlikely to receive any calls from us unless we are returning a call to you.

What if Prism is not contracted with a patient's insurance plan?

- In most cases, Insurance is verified within an hour of receiving the order, and once approved, supplies ship the same day.
- If Prism is not contracted with a patient's plan, we will do our very best to find a company that is, notifying you along the way!