



MEND WOUND SOLUTIONS

mendmywound.com
719-922-1002
Fax: 719-888-1841

Provider Referral Guide & Referral Form

Why Providers Refer to Mend

- ✓ Certified wound care specialists (PA, NP, MD)
- ✓ Traditional Medicare (Parts A & B) accepted as primary
- ✓ Referral response within **1 business day**
- ✓ All care settings: clinic, home, SNF, ALF, acute rehab
- ✓ Advanced therapies: debridement, NPWT, skin substitutes, compression
- ✓ Progress notes sent to referring provider after each visit
- ✓ We handle prior authorizations and insurance verification

Insurance Accepted

- **Traditional Medicare Parts A & B** — our primary focus
- Medicaid
- Most major commercial plans
- Select Medicare Advantage plans (call to verify)

Not sure if your patient qualifies?

Call 719-922-1002 — we'll verify coverage within the hour.

Ideal Referral Candidates

Diabetic Foot Ulcers (DFU)	Any lower extremity wound in a diabetic patient; wounds present 4+ weeks; nonresponsive to standard care; signs of infection or bone involvement.
Venous Leg Ulcers (VLU)	Lower extremity wounds with venous insufficiency; failed conservative management; significant edema; recurrent ulceration.
Pressure Injuries (Stages II–IV)	Bed- or wheelchair-bound patients; wounds not progressing with facility nursing care; exposed tissue, tendon, or bone.
Post-Surgical Nonhealing Wounds	Wound dehiscence or post-operative wounds beyond expected healing timeframes following any surgical procedure.
Arterial / Mixed Etiology Wounds	Peripheral arterial disease; mixed arterial/venous wounds; requiring vascular coordination.
Chronic Wounds — Any Etiology	Any wound present 30+ days without measurable progress despite appropriate standard-of-care treatment.

How to Refer a Patient



719-888-1841

Fax completed referral form. We acknowledge within 1 business day.

719-922-1002

Mon–Fri, 8am–5pm. Urgent cases triaged same-day.

office@mendmywound.com

Include patient info, insurance, and wound description.

Patient Referral Form

PATIENT INFORMATION

Patient Full Name

Date of Birth

Phone Number

Address

City / State / ZIP

Preferred Language

INSURANCE INFORMATION

Primary Insurance

Medicare ID / Member ID

Group #

Secondary Insurance (if any)

Member ID

WOUND INFORMATION

Wound Location on Body

Wound Duration (how long present)

Wound Size (if known)

Wound Type / Diagnosis

Diabetic Foot Ulcer

Venous Leg Ulcer

Pressure Injury

Post-Surgical

Arterial

Other: _____

Brief Clinical Description / Prior Treatments

Urgency

Routine (seen within 5 business days)

Urgent (seen within 48 hours)

STAT (call us immediately: 719-922-1002)

REFERRING PROVIDER INFORMATION

Provider Name

NPI Number

Specialty

Practice / Facility Name

Phone

Fax