

NPI—DKC, INC.

Customer Information Form

Call John Guynn (317) 924-2464 for Brochure
and Free samples

FAX TOLL-FREE (866) 234-3269

Today's Date:

Customer's Last Name:

First:

Middle:

Birth Date: Age: Sex: M F

Phone:

Shipping Address:

Caregiver Name:

Caregiver Phone:

City:

State:

Zip:

How did you find us?

REP:(Internal)
KEN LEE

Medicaid/RID Number:

ICD9 Codes:(Pertaining to what is causing the incontinence):

Billing Name (if different from Shipping):

Billing Address:

City:

State:

Zip:

Are you Tax Exempt?
(Documentation Required)

Group:
(Internal)

Primary Doctor:

Does member have script?

Primary Doctor Phone:

YES:___ NO:___ (NA ___)

Attention Medicaid INDIANA CUSTOMERS ONLY

- DKC can supply you with products in this brochure at NO COST to you.
- DKC will deliver these products to your door, Free of charge.
- Qualified Medicaid recipients suffering from bladder or bowel control problems can receive incontinence supplies at no cost under Medicaid/Welfare Title XIX. **(All that is required from you is a prescription from your doctor.)**

Requesting the following Brochure/Products/Notes:

If requesting Free Sample please identify your waist/hip size and weight: