

Patient Name:
Date of Birth:
Referring Physician/NPP:

WALDORF MARKETPLACE, MEDSTAR HEALTH
PHYSICAL THERAPY
3060 Waldorf Market Pl Ste 36
Waldorf MD 20603-4871



Logo of WALDORF MARKETPLACE,
MEDSTAR HEALTH PHYSICAL
THERAPY

WALDORF MARKETPLACE, MEDSTAR HEALTH PHYSICAL THERAPY
3060 Waldorf Market Pl Ste 36 Waldorf, MD 20603-4871
Phone: (301) 719-1146 | Fax: (301) 645-5343

COVER SHEET

Date: 05/18/2026

To:

Name of Recipient: LALITHA VEDANTAM

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Medical necessity Certificate

To: Lalitha Vedantam, MD

Member Id: H71731088

NPI: 1942618996

Phone: 3016539947

Phone: 3012927270

DOB: 5/21/1942

Fax: 3012030740

Thank you for approving your patient's request for Durable Medical Equipment (DME).

To ensure your patient receives their product as quickly as possible and they are not charged out of pocket, we need your assistance in confirming that the patient is still Under care of you as per the Order was approved by the Doctor

Per Medicare Rules, DME should Confirm that the patient is Under Care of treating Physician:

- Please Acknowledge this Document for the Confirmation
- Please attach the most recent Medical records.

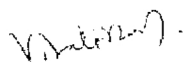
Our organization is fully compliant with all applicable CMS guidelines and regulatory requirements..

Per the Social Security Act, Section 1842 (P) (4)

In the case of an item or service ordered by a physician or a practitioner, but furnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or service to provide diagnostic or other medical information in order for payment to be made to the entity, the physician or practitioner shall provide that information to the entity at the time that the item or service is ordered by the physician or practitioner.

Please note:

Patient authorization is not required to respond to this request. Providing medical records of Medicare Patients to the provider is within the scope of compliance with the Health Insurance Portability and Accountability Act (I-IAA).



Physician Signature