

OSTOMY CARE SUPPLIES

- Pouches
- Wafers
- Cleansers & Deodorants
- Pastes & Powders
- Seals & Rings
- Strips
- Skin Prep Wipes
- Adhesive Remover
- Belts



WOUND CARE SUPPLIES

- Antimicrobial Gauzes
- Hydrocolloids
- Foams & Alginates
- Transparent & Composite
- Drainage Collectors
- Collagen & Hydrogel
- Tape (paper, plastic, etc.)
- Wound Fillers & Cleansers
- Pleurex Drainage Systems
- Wound Suction & Drainage System
- Negative Pressure Wound Therapy



UROLOGICAL SUPPLIES

- Indwelling/Foley Catheters
- Intermittent Catheters
- Urethral Catheters Tray
- Insertion Tray
- Catheter Straps
- Bedside Drainage Bags
- Leg Bags & Straps
- Extension Tubing w/Adapters
- Night Drainage Containers
- Cath-Secure

TRACHEOSTOMY SUPPLIES

- Shiley Trach Tube
- Trach Care Kits
- Trach Tube Ties (non-covered)
- Inner Cannulas (reusable & disposable)

ENTERAL NUTRITION

- Formula Supplements
- Syringes-60cc's
- Feeding & Flushing Pumps
- IV Pole
- Drain Sponges
- Feeding Bags



To learn more about our products and services contact us;

800-472-2440 ext. 1511

724-224-9450 (fax)



Our Locations

Corporate Headquarters Showroom/Pharmacy

301 Corbet Street
Tarentum, PA 15084
800-472-2440
724-224-9124 (fax)

Erie, PA Showroom

308 East Sixth Street
Erie, PA 16507
800-328-9325
814-454-2706 (fax)

Harrisburg, PA Regional Office

6360 Flank Drive, STE 400
Harrisburg, PA 17122
717-996-3390
717-695-4282 (fax)

Rochester, NY Regional Office

400 Air Park Drive, STE 100
Rochester, NY 14624
877-472-0192
716-688-9193 (fax)

Serving Regions of Pennsylvania, Ohio, New York and West Virginia

www.blackburnsmed.com

MEDICARE COVERAGE FOR LONG-TERM & SKILLED FACILITY



Long-Term and Skilled Nursing Facility residents may qualify for product coverage under TRADITIONAL MEDICARE PART B or MEDICARE HMO PLANS.

BLACKBURN'S contracts with HMO's and other insurances offering for a wide spectrum coverage. Insurance coverage guidelines change periodically, this chart is to be used strictly as a reference. Contact BLACKBURN'S to confirm coverage of specific medical supplies.

Coverage is indicated with an X:

COVERAGE GUIDELINE

PRODUCT CATEGORY	TRADITIONAL Medicare Part B	CONTRACTED HMO's	UPMC for LIFE
Enteral Nutrition/Pump	X	X	
Ostomy Supplies	X	X	X
Urological Supplies	X	X	X
Tracheostomy Supplies	X	X	
Wound Care Supplies	X	X	X
Diabetic Supplies		X	
Negative Pressure Wound Therapy		X	X
Pressure Relieving Support Surface		X	
Respiratory Equipment		X	
Complex Rehab Equipment		X	X
Incontinence Supplies			

BLACKBURN'S will confirm patient coverage prior to delivery and handle claim processing.

The facility is required to provide medical record information and physician order when necessary.

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