INSTITUTIONAL MEDICAL SUPPLIES





OSTOMY CARE SUPPLIES

Pouches
Wafers
Cleansers & Deodorants
Pastes & Powders
Seals & Rings
Strips
Skin Prep Wipes







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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

TRACHEOSTOMY SUPPLIES

Cath-Secure

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

WOUND CARE SUPPLIES

Adhesive Remover

Belts

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



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

6345 Flank Drive, STE 1800 Harrisburg, PA 17112 **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

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.

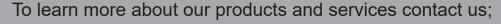
Coverage is indicated with an X:

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	Х	Х
Tracheostomy Supplies	X	Х	
Wound Care Supplies	Х	Х	Х
Diabetic Supplies		Х	
Negative Pressure Wound Therapy		Х	Х
Pressure Relieving Support Surface		Х	
Respiratory Equipment		Х	
Complex Rehab Equipment		Х	Х
Incontinence Supplies			

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

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





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