SEMPER FI
MEDICAL SUPPLIES

Pain Management with HealthLight Red Light Therapy

Available to Veterans with VA Benefits at no out-of-pocket cost

PROUDLY VETERAN-OWNED

HealthLight's Red Light Therapy: **Uses targeted red and near-infrared light to support cellular function. This non-invasive, drug-free therapy helps stimulate nitric oxide release to reduce pain, improve circulation, and support overall wellness**

MADE IN USA

FDA CLEARED

100% Covered by VA Benefits

Can improve multiple diagnoses, including but not limited to:

- Peripheral neuropathy
- Diabetic neuropathy
- Treatment-induced neuropathy
- Post-surgical recovery
- Arthritis
- Wounds
- Lymphodema/lipedema
- Spinal stenosis and other spinal conditions
- Balance disorders
- Athletic injuries

Benefits of Red Light Therapy

- Drug-free pain relief reduces opioid dependence
- Increased circulation promotes healing
- Easy to use for daily home treatment
- Easy to resume therapy for chronic conditions

System & Pad Options

- Controller and Pad(s) are needed for use. See page 2
- Express systems - Pads/Cords are fixed and cannot be interchanged. See page 3

HOW TO ORDER

1. **Complete** DME RFS Form (Page 2)
2. Fax **702-791-9224** OR Email **Jeannette.Leon@VA.GOV**
3. **Email** Veteran Name/DOB/Device to **admin@semperfimedical.com** & we'll do the rest!

SEMPER FI MEDICAL SUPPLIES

HealthLight

Medical-Grade Light Therapy Pads

for Pain Relief and Circulation Improvement

Please note: All pads require a Controller to operate.

Product Catalog

2-Port Controller

All pads require a controller to operate. 2-port controller can operate up to 2 pads simultaneously.

SKU: HL502054

Battery Powered Controller

All pads require a controller to operate. Battery controller can operate up to 2 pads simultaneously.

SKU: HL502057

3-Port Controller

All pads require a controller to operate. 3-port controller can operate up to 3 pads simultaneously.

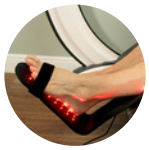
SKU: HL502050

6-Port Controller

All pads require a controller to operate. 6-port controller can operate up to 6 pads simultaneously.

SKU: HL502051

Foot & Calf Pad (131 LED Boot)



Mid-to-bottom section 4.5" wide x 15.5" long. Top section 7" x 9". 83 infrared and 48 red. Pad output is 112 joules/minute.

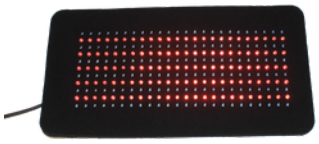
SKU: HL502032

Foot & Ankle Pad (122 LED Boot)

Mid section 4" wide by 12" long. Top section 8" x 5". Bottom section 6" x 7". 70 infrared & 52 red. Pad output is 152 joules/minute.

SKU: HL502006

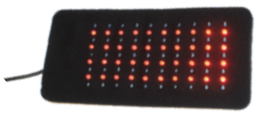
Large Pad (264 LED)



8" wide x 15" long. 144 infrared and 120 red. Pad output is 280 joules/minute.

SKU: HL502004

Small Pad (90 LED)



4.5" wide x 9.8" long. 50 infrared and 40 red. Pad output is 68 joules/minute.

SKU: HL502001

Medium Pad (132 LED)

8" wide x 9" long. 72 infrared & 60 red. Also available in 72 infrared & 60 blue. Pad output is 176 joules/minute for red; 137 joules/minute for blue.

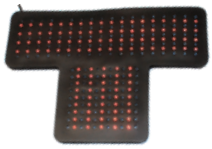
Red: HL502002 **Blue: HL502040**

Face Mask (104 LED)

5" wide x 10.5" long. 52 red and 52 blue. Pad output is 53 joules/minute.

SKU: HL502005

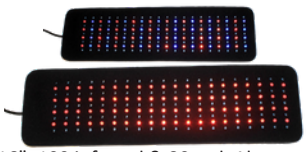
T-Pad (261 LED)



13.5" wide x 9.5" long. 144 infrared and 117 red. Pad output is 206 joules/minute.

SKU: HL502046

Long Pad (180 LED)



5" x 16". 100 infrared & 80 red. Also available as Tricolor with 100 infrared, 40 red & 40 blue. Pad output is 117 joules/minute for red; 155 joules/minute for tricolor.

Red: HL502003 **Tri-Color: HL502041**

Knee & Shoulder Pad (204 LED)

14" long x 12" wide. 72 red and 132 infrared. Can be used on knee or shoulder. Pad output is 152 joules/minute.

SKU: HL502052

BlackGreyGold

HealthLight is distributed by BlackGreyGold

BlackGreyGold FSS Vendor
Schedule: 65 II A
SIN: A-72
Contract: 36F79725D0203

NEW Neck Pad (208 LED)

24" long x 11" wide and designed to wrap comfortably. 156 infrared and 52 red. Pad output is 118 joules/minute.

SKU: HL502059

Clinical Product Usage: Intended to improve circulation, relieve pain, relax muscles, reduce muscle spasms, decrease inflammation, and relieve aches/ stiffness/soreness. All HealthLight products are backed by a two-year warranty.

Near Infrared 850 nm
Red 630 nm
Blue 465 nm

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SEMPER FI MEDICAL SUPPLIES

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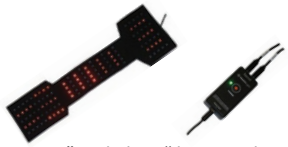
HealthLight

Medical-Grade Light Therapy Pads

for Pain Relief and Circulation Improvement

Express Systems & Packages Catalog

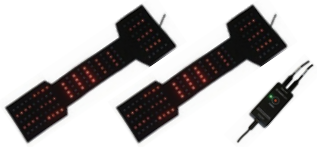
Foot & Ankle Boot System



Top section 8" wide by 5“ long. Mid section 4” wide x 12” long. Bottom section 6" wide by 7" long. Overall length 25". 70 infrared & 52 red. Pad output is 152 joules/min. Includes controller.

SKU# HL700001

Dual Foot & Ankle Boot System



Top section 8" wide by 5“ long. Mid section 4” wide x 12” long. Bottom section 6" wide by 7" long. Overall length 25". 70 infrared & 52 red. Pad output is 152 joules/min. Includes controller.

SKU# HL700002

Large Pad System

8” wide x 15” long. 144 infrared and 120 red. Pad output is 280 joules/minute. Includes controller.

SKU# HL700003

Foot & Calf System

Foot section 4.5" wide x 15.5” long. Top section 7” wide x 9” long. 83 infrared & 48 red. Pad output is 112 joules/minute. Includes controller.

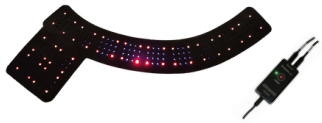
SKU# HL700004

Dual Foot & Calf System

Foot section 4.5" wide x 15.5” long. Top section 7” wide x 9” long. 83 infrared & 48 red. Each pad output is 112 joules/minute. Includes controller.

SKU# HL700005

Neck Pad System



11” wide x 24” long. Arc shape with rectangular extension at one end. 156 infrared & 52 red. Pad output is 118.5 joules/minute. Includes controller.

SKU# HL700008

Shoulder Package

Includes 2-port Controller and T-Pad.

SKU# HL700006

Dual Hands Package

Includes 2-Port Controller and 2 Large Pads.

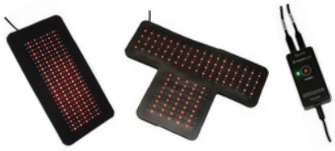
SKU# HL700007

Dual Knee Package

Includes 2-Port Controller and 2 Knee Pads

Dual Knee SKU# HL700010

Total Back Package



Includes 2-Port Controller, Large Pad and T-Pad

SKU# HL700011

Hip Package

Includes 2-Port Controller, T-Pad and Long Pad

SKU# HL700012

Face & Neck Package

Includes 2-Port Controller, Neckpad and Facemask

SKU# HL700013

Please note: Pads in Systems & Packages are not interchangeable with Controller. See individual options to create a bundle

All HealthLight Systems come with 15" Velcro straps to adjust pads and allow a comfortable fit to body.

Clinical Product Usage: Intended to improve circulation, relieve pain, relax muscles, reduce muscle spasms, decrease inflammation, and relieve aches/ stiffness/soreness. All HealthLight products are backed by a two-year warranty.

Near Infrared 850 nm
Red 630 nm
Blue 465 nm

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SEMPER FI MEDICAL SUPPLIES

Department of Veterans Affairs

COMMUNITY CARE PROVIDER - DURABLE MEDICAL EQUIPMENT/PROSTHETICS REQUEST FOR SERVICE

(Separate Form Required for Each Service Requested)

Request for Service (RFS) Submission Requirements: Complete the Medical or DME RFS form for services not on the original authorization or to request a new authorization for services. Only one request per form. (1) Complete RFS form 10-10172. (2) Attach appropriate medical records and care plan to support the request. (3) Have the ordering provider sign and date the form. (4) Submit request via HSRM, Fax, or Secure E-mail.

NOTE: Failure to thoroughly complete the RFS for DME will result in delayed patient care and prevent the VA from DME fulfillment.

SECTION I: VETERAN & ORDERING PROVIDER INFORMATION

1. VETERAN'S LEGAL FULL NAME *(First, MI, Last)*:

2. DOB *(MM/DD/YYYY)*:

3. VA FACILITY & ADDRESS:
North Las Vegas VAMC, 6900 N. Pecos Rd, N. Las Vegas, NV 89086

4. VA AUTHORIZATION NUMBER:

5. ORDERING PROVIDER OFFICE NAME & ADDRESS:

6. INDIAN HEALTH SERVICES *(IHS)* PROVIDER/ TRIBAL HEALTH PROGRAM *(THP)*?
☒ NO ☐ YES

7. PHONE NUMBER *((999) 999-9999)*:

8. FAX NUMBER *((999) 999-9999)*:

9. SECURE EMAIL ADDRESS:

SECTION II: HOME OXYGEN REQUEST

10. PA02 AT REST:

11.O2SAT AT REST:

12. OXYGEN FLOW RATE:

13. EXTENT OF SUPPORT *(Continuous, Intermittent, Specific Activity)*:

14. OXYGEN EQUIPMENT *(Stationary/Portable)*:

15. DELIVERY SYSTEM *(Cannula, Mask, Other)*:

SECTION III: DME & PROSTHETICS REQUEST

Please see https://www.va.gov/COMMUNITYCARE/providers/DME-Requirements.asp for URGENT DME requests.

16. HCPCS CODE(S) FOR ITEM(S) BEING PRESCRIBED:
E0221

17. BRAND, MAKE, MODEL, PART NUMBERS:

18. MEASUREMENTS:

19. QUANTITY OF EACH:

20. ICD-10:

21. PROVISIONAL DIAGNOSIS:

22. EDUCATION, TRAINING, &/OR FITTING OF DME MUST BE PROVIDED TO THE VETERAN. HAS THE FOLLOWING BEEN COMPLETED:

A. EDUCATION: ☐ NO ☒ YES
B. TRAINING: ☐ NO ☒ YES ☐ N/A
C. FITTING: ☐ NO ☐ YES ☒ N/A

23. DELIVERY PREFERENCE *(If incomplete,DME will be mailed to requesting provider)*:
☐ DELIVER TO ORDERING PROVIDER'S ADDRESS
☐ VETERAN WILL PICKUP AT THE VA FACILITY
☐ DELIVER TO COMMUNITY VENDOR FOR DELIVERY & SETUP OF DME
☒ DELIVER TO VETERAN'S HOME

SECTION IV: THERAPEUTIC FOOTWEAR ASSESSMENT INFORMATION

☐ LEFT FOOT ☐ RIGHT FOOT ☐ BILATERAL ☐ PREFABRICATED THERAPEUTIC FOOTWEAR ☐ CUSTOM THERAPEUTIC FOOTWEAR

24. CHECK APPROPRIATE DIABETIC/AMPUTATION RISK SCORE *(Only patients with medical conditions below can be prescribed therapeutic/diabetic footwear)*:

☐ **RISK SCORE 2:** Patient demonstrated sensory loss (inability to perceive the Semmes-Weinstein 5.07 monofilament), diminished circulation as evidenced by absent or weakly palpable pulses, foot deformity, or minor foot infection, & a diagnosis of diabetes.

☐ **RISK SCORE 3:** Patient demonstrated peripheral neuropathy with sensory loss *(i.e., inability to perceive the Semmes-Weinstein 5.07 monofilament)*, and diminished circulation, and foot deformity, or minor foot infection & a diagnosis of diabetes, or any of the following by itself: (1) prior ulcer, osteomyelitis or history of prior amputation; (2) severe peripheral vascular disease *(PVD) (intermittent claudication, dependent rubor with pallor on elevation, or critical limb ischemia manifested by rest pain, ulceration, or gangrene)*; (3) Charcot's joint disease with foot deformity; & (4) end stage renal disease.

25. DESCRIBE FOOT DEFORMITY AND DETAILS *(Requires severe or gross foot deformity which cannot be accommodated with conventional footwear)*:

26. REASON FOR REQUEST *(To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results,radiologyresults &/or medications to support the medical necessity of services requested)*:

Patient has tried progressively evolving therapies and now requires HealthLight to improve circulation and reduce pain. See attached for previous therapies/medications/ modalities tried. Patient has been evaluated for HealthLight device successfully.

ATTESTATION:I do hereby attest that the forgoing information is true, accurate, & complete to the best of my knowledge & I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. I do hereby acknowledge that VA reserves the right to perform the requested service(s) if the following criteria are met: (1) The patient agrees to receive services from VA (2) Service(s) are available at VA facility & are able to be provided by the clinically indicated date (3) It is determined to be within the patient's best interest. Upon completion of the requested service(s), VA will provide all resulting medical documentation to the ordering provider. If all criteria listed are not true & VA agrees the service(s) are clinically indicated, VA will provide a referral for services to be performed in the community. I do hereby attest that upon receipt of order/consult results, I will assume responsibility for reviewing said results, addressing significant findings, & providing continued care.

27. ORDERING PROVIDER NAME *(PRINTED)*:

28. ORDERING PROVIDER NPI#:

29. ORDERING PROVIDER SIGNATURE *(Required)*:

30. TODAY'S DATE *(MM/DD/YYYY)*: