

Prescriber Instructions: This form is a prescription for Phothera home phototherapy products. It can be used to prescribe a device when the patient does not have DME coverage, but wishes to purchase the item directly from Phothera at the Kaiser Permanente contracted price.

KP REGION

Please Check Your Region:

☐ Northern CA ☐ Southern CA ☐ Mid-Atlantic States ☐ Northwestern ☐ CO ☐ GA ☐ HI ☐ KFHP - WA

PATIENT INFO

First Name _____ Last Name _____ Middle Initial _____ DOB _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Alt Phone # or Email _____
Gender _____ Kaiser Permanente Medical Record # (MRN) _____ ICD-10 _____
Primary Policy Holder Name _____ Primary Policy Holder DOB _____
Insurance Plan _____ Policy/Member ID # _____

PROVIDER

Provider Name _____ Title _____ NPI _____ Practice _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ Provider Email _____

HOME PHOTOTHERAPY PRODUCT

Prescribed Product Please select one of the Kaiser Permanente contracted Home Phototherapy products listed below.
Replacement lamp cost based on number of lamps listed in the set at \$125 per lamp.



Phothera 600-3D
6 ft. tall panel with 180° treatment coverage for large areas of body surface or full body treatments. **Easiest to achieve widespread coverage.**

☐ NB-UVB Device \$3,600
☐ Replacement Lamps (Set of 8) \$1,000



Phothera 600LT

6 ft. tall panel for large areas of body surface or full body treatments. Only 40 lbs.

☐ NB-UVB Device . . . \$1,900 ☐ Replacement Lamps (Set of 4) \$500

Phothera 200

Small, light-weight panel (2 sq. ft.) for hands, face, feet, elbows, or other localized treatment areas.

☐ NB-UVB Device . . . \$1,025 ☐ Replacement Lamps (Set of 4) \$500

Phothera 100 or 100XL

Handheld device ideal for scalp and spot treatment. Portable and travel-ready. Includes comb attachment.

☐ NB-UVB Device . . . \$900 ☐ Replacement Lamps (1 or 2 Lamps) . \$125 / \$250

For a list of all Phothera Home Phototherapy products, please visit phothera.com.

NOTES:

Additional Notes List alternate products, lamp types, or special requests (i.e., UVA, UVA-1, Broadband).
Please Note: Items outside of the contracted products listed above may incur an additional cost.

I certify that I am the licensed care provider identified on this form and I have reviewed this order. I certify that this patient and/or a caregiver is capable and will be trained on the proper use of the products prescribed on this prescription.

Provider Signature _____ Date _____