

NEW - AVAILABLE ON INSURANCE



## HIDRAWEAR IS A MAJOR ADVANCEMENT IN HARD-TO-DRESS WOUND MANAGEMENT



Learn More

The world's first wearable wound-care system that empowers patients living with exuding wounds in hard-to-dress areas such as HS wounds to self-care.

Clinically proven to significantly improve dermatological quality of life and reduce dressing related pain\*.

### WEARABLE WOUNDCARE SYSTEM



Discreet, breathable underlayer



Dressing and external fastener



Dressing **safely** and **securely** in place



No skin damaging **silicone/acrylic adhesive** dressings or tapes



Removes risk of medical adhesive related skin injury (MARS)



**Straightforward** for patient to **change** dressing themselves in under 30 seconds

### HOW IT WORKS

1



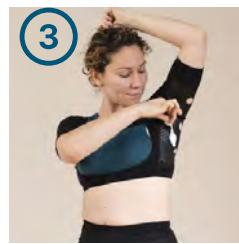
Put on the HidraWear baselayer and select a fresh dressing

2



Insert the HidraWear Dressing and place over the wound area

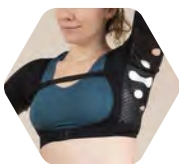
3



Secure the HidraWear Dressing in place with the External Fastening Tab

### HIDRAFLEX™ BASELAYERS ACT LIKE A SECOND SKIN AND ARE WORN UNDER CLOTHING

Crop Top



Unisex T-shirt



Men's Briefs



Women's Briefs



For axilla/underarm wounds

For groin, buttocks, mons pubis, thigh wounds

### HIDRAWEAR SUPERABSORBENT DRESSINGS WITH SECURELOCK™ TECHNOLOGY

Stays in place **without** uncomfortable adhesive tape/bandages

Each HidraWear wound dressing is co-packed with a **patented fastener**, ensuring **adhesive free** wound dressing retention.

Available in 2 sizes- 3" x 5" and 5½" x 7½"



### HIDRAWEAR CLINICAL TRIAL OUTCOME\*



100% of patients experienced an **improvement** in quality of life



87% of patients found HidraWear **quicker** and **easier** to use



100% of patients were more **confident** in HidraWear's ability to **reduce** leaks



93% of patients found that HidraWear **reduced** dressing related pain



Read Study

HidraWear can now be prescribed to your patients, with their monthly supply delivered directly to their home

Simply fill in the order form on page 3 & email or fax along with your patient info page (See right for filled in example)

## How It Works:



|   |  |  |                 |                                    |  |
|---|--|--|-----------------|------------------------------------|--|
| <b>Clinic Name</b> ABC Dermatology<br>Clinic Phone: 123-456-7890   Clinic Fax: 123-456-7890   |  | <b>Rotech</b> WoundCare Complete   <b>HidraWear</b>  |                 |                                    |  |
| <b>Patient Name</b> Jane Doe<br>Date of Birth: 12.12.1978   Telephone: 234-567-8910<br>Insurance Name: EXAMPLE   Policy ID: 2E5686563 |  | <b>FAX # (866) 220-8963</b><br>Fax or email* with Patient Information Sheet<br>orders@rotech.com   Phone # (888) 711-2014              |                 |                                    |  |
| <b>Order Date:</b> 12-2-2023  |  | AC Name:   AC ID #:  |                 |                                    |  |
| Have patient's wound/s ever been debrided? <input type="checkbox"/> YES <input type="checkbox"/> NO                                   |  | Is patient currently seen by Home Health? <input type="checkbox"/> YES <input type="checkbox"/> NO                                     |                 |                                    |  |
| <b>ICD-10</b> L98.499-Non-pressure chronic ulcer of skin   L98.413-Non-pressure chronic ulcer of skin / buttocks                      |  |  |                 |                                    |  |
| <b>ICD-10 (See ICD-10 legend above) or wound description</b>  |  | <b>Wound Thickness (HidraWear dressing requires Full)</b><br><input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full | <b>LOCATION</b> | <b>Wound Size (cm) (L x W x D)</b> | <b>Drainage (Exudate) HidraWear Dressing requires M - H</b><br><input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H |
| Wound 1: L98-499  |  | <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full  | Right Armpit    | 25*12*0.2                          | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 2: L98-419  |  | <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full  | Left Buttock    | 46*26*0.2                          | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 3:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 4:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 5:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 6:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 7:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |
| Wound 8:  |  | <input type="checkbox"/> Partial <input type="checkbox"/> Full   |                 |                                    | <input type="checkbox"/> N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H  |

|                             |                           |
|-----------------------------|---------------------------|
| <b>Women's Crop Top</b><br> | <b>Unisex T-Shirt</b><br> |
| <b>Women's Briefs</b><br>   | <b>Men's Briefs</b><br>   |

|  |   |   |                                      |          |          |          |          |          |          |          |
|--|---|---|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|
| <b>Wound Care products required (Please Check Mark Size Requested)</b> | <b>Drainage Required (Low / Mod / High)</b>   | <b>Frequency of Change (Delirious/Spec)</b> | <b>Wound Number (✓ for supplies)</b> |          |          |          |          |          |          |          |
|  |   |   | Wound #1                             | Wound #2 | Wound #3 | Wound #4 | Wound #5 | Wound #6 | Wound #7 | Wound #8 |
|  | <b>HidraWear Dressing Retention Garment (Tck / Circle Style and Size on sizing chart above)</b> | **  | **                                   | ✓        | ✓        | ✓        |          |          |          |          |
|  | <b>HidraWear SuperAbsorbent Dressing, 3.0" x 5.0"</b>   | Mod/heavy                                   |                                      | ✓        |          |          |          |          |          |          |
| <b>HidraWear SuperAbsorbent Dressing, 5.5" x 7.5"</b>                  | Mod/heavy   |   | ✓                                    |          |          |          |          |          |          |          |
| <b>HidraWear Foam Dressing, 4" x 6"</b>                                | Mod/heavy   |   |                                      |          | ✓        |          |          |          |          |          |

|  |                                 |                                 |                                 |   |                                 |   |
|--|---------------------------------|---------------------------------|---------------------------------|---|---------------------------------|---|
| <b>Practitioner Name</b> Dr. Sam Johnson MD<br>NPI: 987654321  | <b>Practitioner Name</b>   NPI: | <b>Practitioner Name</b>   NPI: | <b>Practitioner Name</b>   NPI: | <b>Practitioner Name</b>   NPI:                         | <b>Practitioner Name</b>   NPI: | <b>Treating Practitioner MUST check mark their respective box</b> |
| * I request that payment of my insurance benefits for any supplies be made to Rotech Healthcare Inc. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to Rotech Healthcare Inc. any information needed to determine benefits payable for these supplies or services. I acknowledge receipt and understanding of the patient rights that Rotech Healthcare Inc. provides to all patients. |                                 |                                 |                                 |   |                                 |   |
| <b>Signature</b> Patient Signature: [Signature]  |                                 |                                 |                                 | Date: 12-2-2023   |                                 |   |
| I attest by my signature that it is my intention for the prescription to remain valid until the diagnosis described is resolved or otherwise directed by the physician. The requested supplies are medically necessary and the wound(s) has/have been debrided and/or surgically created or modified. I have instructed the patient on how to use the supplies being requested.  |                                 |                                 |                                 | Duration of Treatment will be 90 Days unless specified: |                                 |   |
| <b>X Practitioner Signature:</b> [Signature]   |                                 |                                 |                                 | Signed Date: 12-2-2023                                  |                                 |   |



For further support please contact us on  
**Call: (888) 711 2014**  
**Email: hidrawear@rotech.com**

### Size Matters:

For best user experience please ensure you take your measurements prior to selecting a size. If in between sizes, downsizing is typically recommended. If you are unsure of your size, please take the time to contact our customer care team (call toll-free (888) 711 2014 or email hidrawear@rotech.com)

Rotech WoundCare Complete is an authorised distributor for HidraWear

|                    |            |
|--------------------|------------|
| <b>Clinic Name</b> |            |
| Clinic Phone       | Clinic Fax |



|                     |           |
|---------------------|-----------|
| <b>Patient Name</b> |           |
| Date of Birth       | Telephone |
| Insurance Name      | Policy ID |

|  |         |
|--|---------|
| <b>FAX # (866) 220-8963</b>  |         |
| Fax or email* with Patient Information Sheet<br>orders@rotech.com Phone # (888) 711-2014 |         |
| AE Name  | AE ID # |

|                    |
|--------------------|
| <b>Order Date:</b> |
|--------------------|

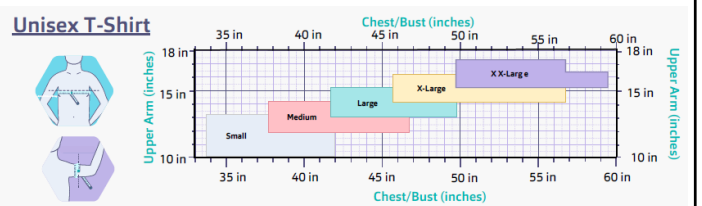
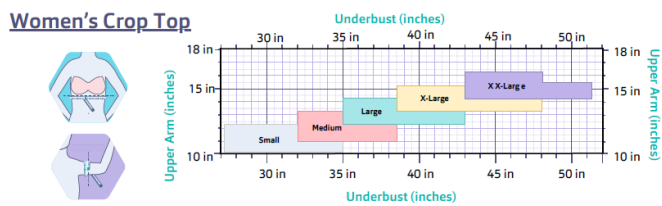
|  |     |    |
|--|-----|----|
| Have patient's wound/s ever been debrided? | YES | NO |
|--|-----|----|

|   |     |    |
|---|-----|----|
| Is patient currently seen by Home Health? | YES | NO |
|---|-----|----|

|                   |        |  |   |                 |                                    |   |   |   |   |   |
|-------------------|--------|--|---|-----------------|------------------------------------|---|---|---|---|---|
| WOUND INFORMATION | ICD-10 | L98.499-Non-pressure chronic ulcer of skin                   | L98.419-Non-pressure chronic ulcer of skin / Buttocks     |                 |                                    |   |   |   |   |   |
|                   |        | <b>ICD-10 (See ICD-10 legend above) or wound description</b> | <b>Wound Thickness (HydraWear dressing requires Full)</b> | <b>LOCATION</b> | <b>Wound Size (cm) (L x W x D)</b> | <b>Drainage (Exudate) HydraWear Dressing requires M - H</b> |   |   |   |   |
|                   |        | Wound 1:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 2:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 3:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 4:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 5:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 6:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 7:   | Partial   | Full            |                                    |   | N | L | M | H |
|                   |        | Wound 8:   | Partial   | Full            |                                    |   | N | L | M | H |

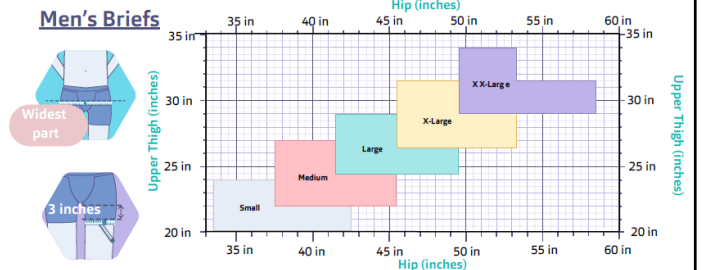
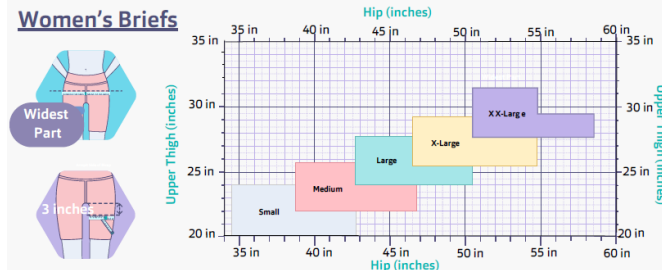
**Women's Crop Top**

**Unisex T-Shirt**



**Women's Briefs**

**Men's Briefs**



|                   |   |   |   |                                      |                 |                 |                 |                 |                 |                 |                 |
|-------------------|---|---|---|--------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| DRESSING SUPPLIES | <b>Wound Care products required</b><br><i>(Please Check Mark Size Requested)</i>                    | <b>Drainage Required</b><br><i>(Low / Mod / High)</i> | <b>Frequency of Change</b><br><i>(Daily unless Spec.)</i> | <b>Wound Number (✓ for supplies)</b> |                 |                 |                 |                 |                 |                 |                 |
|                   |   |   |   | <b>Wound #1</b>                      | <b>Wound #2</b> | <b>Wound #3</b> | <b>Wound #4</b> | <b>Wound #5</b> | <b>Wound #6</b> | <b>Wound #7</b> | <b>Wound #8</b> |
|                   | HydraWear Dressing Retention Garment<br><i>(Tick / Circle Style and Size on sizing chart above)</i> | **  | **  |                                      |                 |                 |                 |                 |                 |                 |                 |
|                   | HydraWear SuperAbsorbent Dressing, 3.0" x 5.0"  |   |   |                                      |                 |                 |                 |                 |                 |                 |                 |
|                   | HydraWear SuperAbsorbent Dressing, 5.5" x 7.5"  |   |   |                                      |                 |                 |                 |                 |                 |                 |                 |

|           |                   |                   |                   |                   |                   |                   |   |
|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---|
| SIGNATURE | Practitioner Name | Practitioner Name | Practitioner Name | Practitioner Name | Practitioner Name | Practitioner Name | <b>Treating Practitioner MUST check mark their respective box</b> |
|           | NPI#              | NPI#              | NPI#              | NPI#              | NPI#              | NPI#              |   |

|           |  |  |  |  |  |  |   |
|-----------|--|--|--|--|--|--|---|
| SIGNATURE | * I request that payment of my insurance benefits for any supplies be made to Rotech Healthcare Inc. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to Rotech Healthcare Inc. any information needed to determine benefits payable for these supplies or services. I acknowledge receipt and understanding of the patient rights that Rotech Healthcare Inc. provides to all patients. |  |  |  |  |  |   |
|           | Patient Signature*:  |  |  |  |  |  | Date:   |
|           | I attest by my signature that it is my intention for the prescription to remain valid until the diagnosis described is resolved or otherwise directed by the signer. The requested supplies are medically necessary and the wound(s) has/have been debrided and/or surgically created or modified. I have instructed the patient on how to use the supplies being requested.   |  |  |  |  |  | Duration of Treatment will be 90 Days unless specified: |

**X Practitioner Signature:**

**Signed Date:**

\* If emailing, please use encrypted/secure email. Communications via unencrypted email are not secure and there is a possibility PHI may be misdirected or intercepted.

# Frequently Asked Questions

## What is the patient allowable for HydraWear?

- 30 Dressings per qualifying wound per month
- One baselayer garment per affected body part with the initial order

## What is needed to process an order?

The following information is a general checklist of the items required on a standard written order (Rotech form or any written order) by most insurance plans, including Medicare

1

### Qualified Wound Is Present

- Any wound leaking/draining to a moderate/heavy level
- A wound that has been debrided

2

### Wound Information

- Type of wound(s) or ICD-10 Codes (L98.419 and L98.499)
- Location of each wound
- Size of wound(s) in cm (L x W x D)
- Amount of exudate (HydraWear is deemed suitable for **Moderate** and **High** amounts of exudate)

3

### Treatment Plan

- Type of dressing to use
- Size of the dressings
- Amount to be used at one time
- Frequency of the dressing change
- Expected duration (up to 90 days)

4

### Provider's Information

- Provider's name and NPI
- If unable to obtain signature when order is placed, please note where signature request should be sent (if it is different than clinic)

5

### Patient's Demographic Information

Having this information right away allows us to begin verifying insurance benefits and helps avoid any delays in shipment.



## How easy is it to order and have supplies shipped to patients?

- Rotech's one-page order form takes just 45 seconds to complete. (...yes we timed it!)
- As an added bonus, Rotech is an option when ordering via iHeal, Wound Expert & Intellicure.

## How quickly are supplies delivered?

- With the exception of a PO Box address, orders are typically shipped and delivered within 24-48 hours

## What if Rotech is not contracted with a patient's insurance plan?

- In most cases, Insurance is verified within an hour of receiving the order, and once approved, supplies ship the same day.
- If Rotech is not contracted with a patient's plan, we will do our very best to find a company that is, notifying you along the way!

## Will Rotech substitute products when I request brand specific products?

- If there is a reimbursement issue or a product is not available, our team will confirm any changes with you prior to shipping supplies.

## Our team are here to help

- Not only does our team value your time but we respect it. You are unlikely to receive any calls from us unless we are returning a call to you.
- Our team will fax order updates to confirm shipment and make you aware of any delays.
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- Our team will fax order updates to confirm shipment and make you aware of any delays.