

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



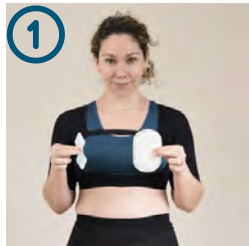
Removes risk of medical adhesive related skin injury (MARS)



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

### HOW IT WORKS

1



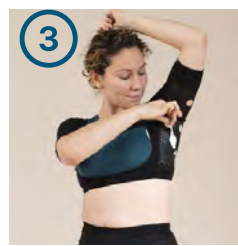
Put on the  
HidraWear  
baselayer and  
select a fresh  
dressing

2



Insert the  
HidraWear  
Dressing and  
place over the  
wound area

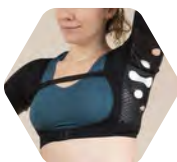
3



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:

ORDER IS PLACED

INSURANCE IS VERIFIED

SUPPLIES ARE SHIPPED

WE PROVIDE PATIENT & CLINIC WITH STATUS UPDATES



Delivered to patient

For further support please contact us on

Call: (888) 711 2014

Email: [hidrawear@rotech.com](mailto:hidrawear@rotech.com)

<b>Clinic Name</b> ABC Dermatology <b>Clinic Phone</b> 123-456-7890 <b>Clinic Fax</b> 123-456-7890		<b>Rotech</b> WoundCare Complete <b>HidraWear</b>																																																																																		
<b>Patient Name</b> Jane Doe <b>Date of Birth</b> 12.12.1978 <b>Telephone</b> 234-567-8910 <b>Insurance Name</b> EXAMPLE <b>Policy ID</b> 265686565		<b>FAX # (866) 220-8963</b> <b>Fax or email* with Patient Information Sheet</b> <a href="mailto:orders@rotech.com">orders@rotech.com</a> <b>Phone # (888) 711-2014</b>																																																																																		
<b>Order Date:</b> 12-2-2023		<b>AC Name</b> <b>AC ID #</b>																																																																																		
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>WOUND INFORMATION</b> <table border="1"> <thead> <tr> <th>Wound</th> <th>ICD-10 (See ICD-10 legend above) or wound description</th> <th>Wound Thickness (HidraWear dressing requires Full)</th> <th>LOCATION</th> <th>Wound Size (cm) (L x W x D)</th> <th>Drainage (Exudate) HidraWear Dressing requires M - H</th> </tr> </thead> <tbody> <tr> <td>Wound 1:</td> <td>L98-499</td> <td><input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full</td> <td>Right Armpit</td> <td>25*12*0.2</td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 2:</td> <td>L98-419</td> <td><input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full</td> <td>Left Buttock</td> <td>46*28*0.2</td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 3:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 4:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 5:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 6:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 7:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> <tr> <td>Wound 8:</td> <td></td> <td><input type="checkbox"/> Partial <input type="checkbox"/> Full</td> <td></td> <td></td> <td>N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/></td> </tr> </tbody> </table>		Wound	ICD-10 (See ICD-10 legend above) or wound description	Wound Thickness (HidraWear dressing requires Full)	LOCATION	Wound Size (cm) (L x W x D)	Drainage (Exudate) HidraWear Dressing requires M - H	Wound 1:	L98-499	<input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full	Right Armpit	25*12*0.2	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 2:	L98-419	<input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full	Left Buttock	46*28*0.2	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 3:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 4:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 5:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 6:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 7:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	Wound 8:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																													
Wound	ICD-10 (See ICD-10 legend above) or wound description	Wound Thickness (HidraWear dressing requires Full)	LOCATION	Wound Size (cm) (L x W x D)	Drainage (Exudate) HidraWear Dressing requires M - H																																																																															
Wound 1:	L98-499	<input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full	Right Armpit	25*12*0.2	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 2:	L98-419	<input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full	Left Buttock	46*28*0.2	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 3:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 4:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 5:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 6:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 7:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
Wound 8:		<input type="checkbox"/> Partial <input type="checkbox"/> Full			N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>																																																																															
<b>Women's Crop Top</b> 		<b>Unisex T-Shirt</b> 																																																																																		
<b>Women's Briefs</b> 		<b>Men's Briefs</b> 																																																																																		
<b>Wound Care products required (Please Check Mark Size Requested)</b> HidraWear Dressing Retention Garment (Nck / Circle Style and Size on sizing chart above) HidraWear SuperAbsorbent Dressing, 3.0" x 5.0" HidraWear SuperAbsorbent Dressing, 5.5" x 7.5"		<b>Drainage Required (Low / Mod / High)</b> ** Mod/heavy Mod/heavy	<b>Frequency of Change (Daily/less Spec.)</b> ** ✓ ✓																																																																																	
<b>Wound Number (✓ for supplies)</b> <table border="1"> <thead> <tr> <th>Wound</th> <th>#1</th> <th>#2</th> <th>#3</th> <th>#4</th> <th>#5</th> <th>#6</th> <th>#7</th> <th>#8</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Wound	#1	#2	#3	#4	#5	#6	#7	#8	✓	✓																																																																								
Wound	#1	#2	#3	#4	#5	#6	#7	#8																																																																												
✓	✓																																																																																			
<b>Dr. Sam Johnson MD</b> NPI# 987654321		<b>Practitioner Name</b> <b>NPI#</b> <b>Practitioner Name</b> <b>NPI#</b> <b>Practitioner Name</b> <b>NPI#</b> <b>Practitioner Name</b> <b>NPI#</b>																																																																																		
<b>Signature</b> Patient Signature*: [Signature] 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.		Date: 12-2-2023 Duration of Treatment will be 90 Days unless specified: Signed Date: 12-2-2023																																																																																		



### 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](mailto:hidrawear@rotech.com))

Rotech WoundCare Complete is an authorised distributor for HidraWear

AVAILABLE ON PRESCRIPTION

<b>Clinic Name</b>	
Clinic Phone	Clinic Fax
<b>Patient Name</b>	
Date of Birth	Telephone
Insurance Name	Policy ID
<b>Order</b>	
<b>Date:</b>	



**FAX # (866) 220-8963**

Fax or email\* with Patient Information Sheet  
[orders@rotech.com](mailto:orders@rotech.com) Phone # (888) 711-2014

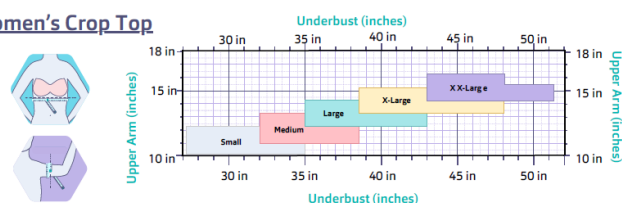
AE Name	AE ID #
---------	---------

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

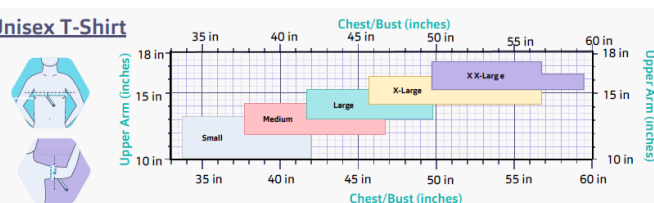
Is patient currently seen by Home Health?	YES	NO
---	-----	----

WOUND INFORMATION	ICD-10	<u>L98.499</u> Non-pressure chronic ulcer of skin	<u>L98.419</u> Non-pressure chronic ulcer of skin / Buttocks							
	ICD-10 (See ICD-10 legend above) or wound description		Wound Thickness (HidraWear dressing requires Full)		LOCATION	Wound Size (cm) (L x W x D)	Drainage (Exudate) HidraWear Dressing requires M - H			
	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

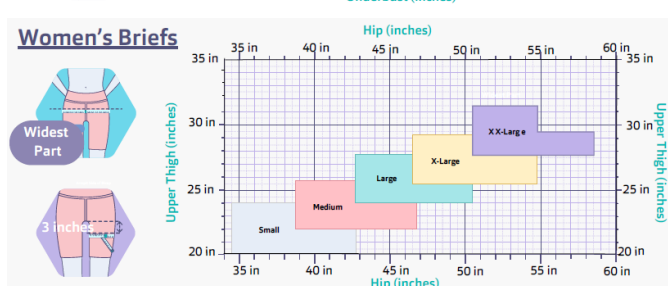
### Women's Crop Top



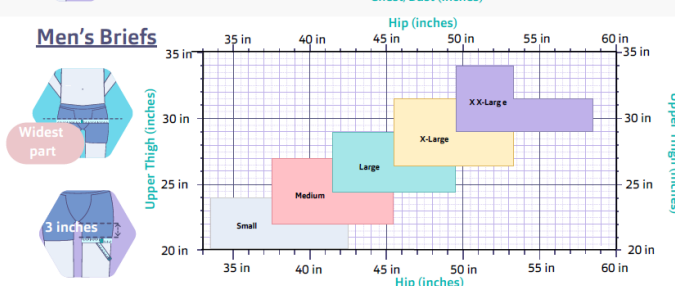
### Unisex T-Shirt



### Women's Briefs



### Men's Briefs



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

✓	Practitioner Name	Practitioner Name	Practitioner Name	Practitioner Name	Practitioner Name	Practitioner Name	Treating Practitioner MUST check mark their respective box
	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.					
	Signed Date:					



# 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.
- 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.