

Client Contact – New Equipment Pre-PPQA

This outlines the client's experience when interacting with Ushur.

Note: Ushur uses the Primary Phone number listed in the client's record. If that is not a mobile number, Ushur will attempt any Mobile Phone number listed in the client's record.

Ushur currently sends messages in English only.

Patient Data

First Name

Ima

Middle Name

Last Name

Testing

Street Address

1234 Memory Lane

RR# - PO Box

Apt, Ste, Unit

☒ N/A

*Required

City

Chattanooga

State, Zip

TN

34721

Zip Look Up

Preferred Pronoun

Preferred Name

Active

☒

Institution

☐

Active Date

04/24/2025

Inactive

Language

English

Contact Pref.

Primary Phone

E-mail

☒ N/A

*Required

Primary Phone

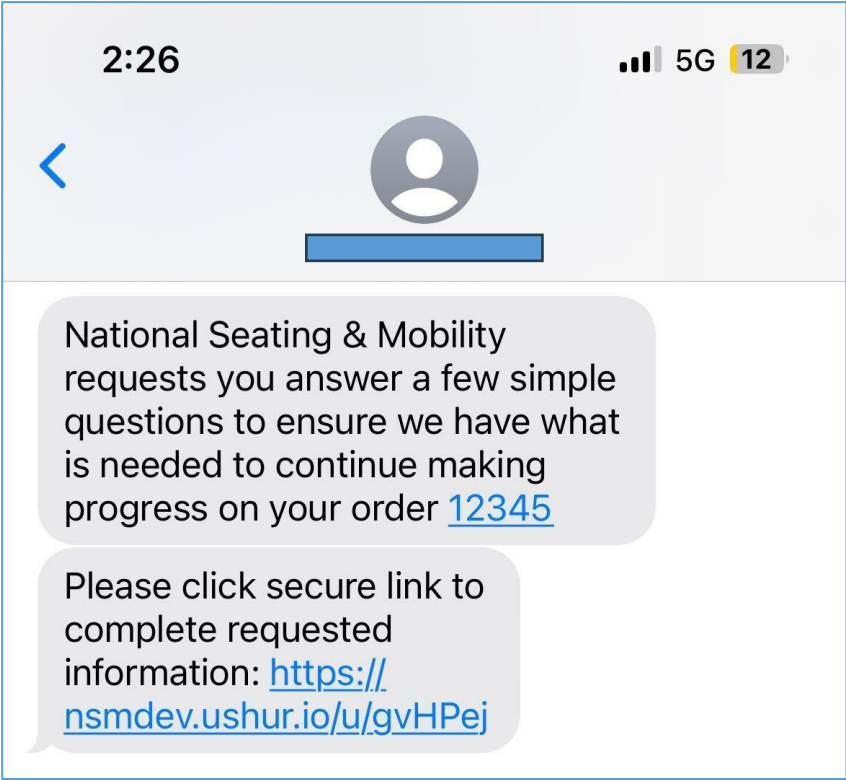
(555) 555-5555

Mobile Phone

(555) 111-1111


Work Phone

ext



Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.




**NATIONAL
SEATING &
MOBILITY**

Welcome!

Please review and complete all required fields. Your information will not be shared with or sold to third parties.


Get started



Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.



1


2

3

4

Please enter code received on your phone


Enter Here.



Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.



1

2

3

4

*Required

Enter the following information to verify your identity so we can securely access your order information. Please provide your full legal first and last name as it appears on your health insurance card.

First Name


Enter Here.


Last name (if applicable, include suffix Sr, Jr, III)

Enter Here.

Date of Birth


MM/DD/YYYY




 Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.





1

2

3

4

*Required

Has or will your primary residence change in the next 30–60 days?

Street:

20083 MCINTYRE ST

Apt/Unit:

N/A

City:

DETROIT

State:

MI

Zip:


48219-1260

☐ YES

☐ NO


< back


Next

 Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.





1

2

3

4

*Required

Has or will your insurance change in the next 30-60 days?

☐


YES

☐

NO


< back


Next

 Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur.





1

2

3

4

*Required


Are you moving to or currently in a hospital, rehab facility, nursing facility, and/or receiving hospice care?

☐ YES

☐ NO


< back


Next

 Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur if they have responded that something is changing.






1

2


3

4

Thank you for your feedback. Your funding specialist will be contacting you to discuss next steps.

 back

Next

 Powered by Ushur

Client Contact – New Equipment Pre-PPQA

This is what the client sees when interacting with Ushur if they have responded with no changes. The responses secured by Ushur will appear in the Work Order notes on the next day.

