



Don't let incontinence slow you down

FREE 100% COVERED BY MEDICAID FREE

Don't let your incontinence slow you down in life. Take action today.

Hygeia Medical Supplies and Services, Inc. is Denver's leading medical supply company. We offer the best quality products and fastest service in the state. If you have Medicaid coverage, you can receive all your medical supplies FREE of charge every month. Our highly professional and well trained staff work on your behalf so you can live a comfortable life at no charge to you.

At Hygeia we understand that being incontinent is a private matter. Therefore, we offer discrete packaging options to ensure you receive your incontinence supplies confidentially. Our products are comfortable and durable and we carry products which are suitable for every need or situation.



Our goal is to help you live a comfortable life by providing you the very best incontinence care products.

Medicaid patients qualify to receive our incontinence package at no charge every month. So don't let your incontinence slow you down in life. Take action today.

Getting set up with us is very simple and it's absolutely free. Fill out the attached incontinence form and drop it off in mail and start receiving your monthly supplies from us at no charge to you.

(Medicaid patients only)

Please enjoy the free samples in this packet and indicate which type of protection suits you best in the attached form. You will start receiving your monthly supplies every month once we receive your request form.

You may contact us at [303-758-9413](tel:303-758-9413) for any questions or concerns and if you'd like to make any changes or stop our service at any given point.

On the second page you can find instructions on how to fill out the incontinence card form.

Hygeia medical Supplies and Services, Inc.
747 Sheridan Blvd Unit 3C
Lakewood, CO 80214
P: 303-758-9413 F: 303-758-9062





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After trying the samples you may sign up for our FREE service to receive your monthly supplies.

Instructions on how to complete the request form:

1. Please indicate which type of protection suits you best under section A
2. With our incontinence package you will also receive additional supplies which help you stay dry and clean during all hours of the day. Please indicate what size gloves you need under section C.
3. Under section E. please indicate which type of moisture barrier cream you rather receive.
4. Next you need to fill out some basic information about yourself .
5. Please fold the form and use the envelop seal provided to close the envelop.
6. Place a stamp on the out side of the form and mail us the completed form.
7. Enjoy receiving quality products and start taking control of your incontinence.

Choose the type of protection which suits you best

A. Please select one of the following:

 <p>Protective Underwear</p> <p>S/M 28" - 40" <input type="checkbox"/></p> <p>LG 40" - 56" <input type="checkbox"/></p>	 <p>Adult Briefs</p> <p>S/M 40" - 50" <input type="checkbox"/></p> <p>LG 48" - 58" <input type="checkbox"/></p> <p>XL 58" - 66" <input type="checkbox"/></p>	
 <p>Capri Mini <input type="checkbox"/></p>	 <p>Capri Regular <input type="checkbox"/></p>	 <p>Kotex <input type="checkbox"/></p>

Select additional supplies for your comfort (Free of Charge)

<p>B. Extra Protection:</p>  <p>Underpad <input type="checkbox"/></p>	<p>C. Gloves:</p>  <p>S <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>LG <input type="checkbox"/></p>	<p>D. Cleansers:</p>  <p>Wipes <input type="checkbox"/></p>
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* We also carry barrier incontinence supplies for patients over 300 lbs

E. Moisture Barrier Cream: (Please choose one type)

 <p>A&D Cream <input type="checkbox"/></p>	 <p>Vaseline <input type="checkbox"/></p>	 <p>Alo Vera <input type="checkbox"/></p>
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Personal Information

Name: _____ DOB: _____

Address: _____

Phone #: _____ Medicaid #: _____

Physician's Information:

Name: _____ Phone #: _____

Notes: _____

Our incontinence package includes:

- A. Diapers (240)
 - ⇒ Protective Underwear
 - ⇒ Adult Briefs
 - ⇒ Capri Mini Absorbency Pads
 - ⇒ Capri Regular Absorbency Pads
 - ⇒ Kotex Absorbency Pads
- B. Underpads (150 Chucks)
- C. Gloves (1-2 Boxes)
- D. Wipes (1-2 Boxes)
- E. Moisture Barrier Creams (2-4 Creams)

