

Patient Information

Name: _____ Phone: _____
 DOB: _____ Height: _____ Weight: _____
 Patient Face-to-Face Exam Date: _____ Length of Need: _____ months

Office visit notes indicating medical necessity for equipment orders is REQUIRED

Medicare requires that office visit notes be cosigned by M.D. or D.O. if ordered by P.A., N.P., or C.N.S.

Diagnosis Information

ICD-10 Code: _____ Description: _____
 ICD-10 Code: _____ Description: _____

Ambulatory & Other Aids

- Walker
- Walker with Wheels
- Rollator with Seat and Handbrakes
- Crutches
- Forearm Crutches
- Quad Cane
- Single Point Cane
- Patient Lift & Sling
- Blood Pressure Monitor and Cuff
- Nebulizer Compressor/ Tubing/ Mouthpiece
- Nebulizer Administration Set Qty: ___ Refills: ___

Commodes

- Bedside Commode
 - Drop Arm Commode
- Commode Required Qualifying Questions:**
- The patient is confined to a single room, or
 - The patient is confined to one level of the home environment and there is no toilet on that level, or
 - The patient is confined to the home and there are no toilet facilities in the home, or
 - The patient does not meet any of the criteria above

Hospital Beds

- Electric Hospital Bed with Rails & Mattress
- Hospital Bed Options:**
- Gel Mattress Overlay
 - Low Air Loss Mattress
 - Alternating Pressure Pad w/ Pump
- Trapeze Bar: Free-Standing Attached

Wheelchairs

- Manual Wheelchair with Swing-Away Footrests, Seat Cushion, Back Cushion, & Anti Tippers
- Optional: (Check the above wheelchair box before anything in this section)**
- Elevating Leg Rests
 - Light Weight Wheelchair
 - Extra Wide Wheelchair (patient weight 300+ pounds)

Other Items

- Other: _____

Anticipated Date of Discharge/Date Needed

_____ MM/DD/YYYY

Physician's Signature: _____ Date: _____

Physician Name: _____ NPI #: _____ Credentials

Address: _____ Street City State Zip

Phone #: _____ Fax #: _____

I, the undersigned, certify that the above prescribed equipment and/or supplies are reasonable and medically necessary as part of treatment for this patient. The need and medical necessity for the above listed equipment and/or supplies is documented in the patient's medical record and is available upon request. 392.7