

Please fax completed form to 1-877-824-1411

DME Fax Order Form

Please provide DEMOGRAPHIC and INSURANCE information.

Patient Name: _____

Start Date: _____ / _____ / _____

Address: _____

Insurance: _____

City/Zip: _____

Gender: _____ Length of need: _____ 99

Home Phone/Cell #: _____

Diagnosis: _____

Height: _____ Weight: _____ D.O.B: _____

- Abnormality of gait (R26.9) Multiple Sclerosis (G35)
- Difficulty Walking (R26.2) Muscle Weakness (M62.81)
- History of Fall (Z91.81) General Osteoarthritis (M15.0)
- Heart Failure (I50.9) COPD (J44.9)
- Fracture of _____ Other _____

All services require a method of payment (credit card, bank information) in addition to insurance information prior to delivery.

DURABLE MEDICAL EQUIPMENT (Height & weight required for ALL items on this form.)

Ambulatory Devices Cane Crutches Quad Cane

Walker (up to 300 lbs) Wheels 3 inches 5 inches Fixed Swivel Leg Extensions

Extra Wide Walker (300-450 lbs) Heavy Duty Walker (> 350 lbs) With Wheels Without Wheels

Rollator with Seat and Wheels Junior Walker With Wheels

Wheelchairs* Standard (< 250 lbs) Light Weight (< 250 lbs) Hvy Duty (250-300 lbs; 20"-24" width) Xtra Hvy Duty (> 300 lbs; 20"-27" width)

Hemi Height Transport (< 250 lbs) Hvy Duty Transport Chair (> 250 lbs) Geri Chair

**Wheelchairs include accessories *d below unless otherwise indicated by strike through*

Wheelchair Accessories *Brake Extensions *Standard Seat Cushion *Standard Back Cushion *Anti-tippers Skin Protection/Gel Cushion

Elevating Leg Rests Seat Belts Oxygen Tank Holder Extra Wide Seat (22" or more) Transfer Board

Beds Semi-Electric Hospital Bed (< 450 lbs) Hvy Duty Hospital Bed (350 - 600 lbs) Xtra Hvy Duty Hospital Bed (> 600 lbs)

Bed Accessories Rails Half Rails Full Trapeze Free Standing Trapeze Heavy Duty Trapeze (> 250 lbs)

Replacement Mattress Perimeter Mattress

Patient/Hoyer Lift (maximum capacity 450 lbs) Sling Full Body Standard Commode Opening

Support Surfaces Gel Foam Overlay High Density Foam Mattress Alternating Pressure Pad Low Air Loss System

Aids to Daily Living Bedside Commode Drop Arm Commode Heavy Duty Commode (> 300 lbs)

Raised Toilet Seat (up to 250 lbs) With Arms W/o Arms Heavy Duty Raised Toilet Seat (up to 300 lbs) With Arms W/o Arms

Shower Chair Back No Back Tub Transfer Bench Other

ADDITIONAL ITEMS ORDERED: _____

ADDITIONAL NOTES: _____

Medicare has implemented the requirement for patient **Face to Face (F2F)** visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit **AND** obtain a written order **PRIOR** to delivery that consists of the item **AND**

- 1) Patient Name 3) Physician Signature & Signature Date
- 2) Date Prescribed 4) NPI 5) Physician Name

Physician's Signature: _____

Date: _____ / _____ / _____

Physician's Printed Name: _____

Ph: _____ Fax : _____

Physician's Address: _____

NPI: _____

Name of Agent Completing Form: _____

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