

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

- ☐ Wheeled Folding Walker (E0143) ☐ Heavy Duty Folding Wheeled Walker (> 300 lbs.) (E0149) ☐ Cane (E0100)
☐ Walker w/o Wheels (up to 300 lbs.) (E0135) ☐ Heavy Duty Walker (> 300 lbs.) (E0148) ☐ Crutches (E0114)
☐ Rollator w/ Seat w/ Wheels (E0143/E0156) ☐ Quad Cane (E0105)

Wheelchairs

- ☐ Standard (≤ 250 lbs) (K0001) ☐ Transport (≤ 300 lbs) (E1038) ☐ Rollabout Chair (E1031) ☐ Standard Back Cushion
☐ Light Weight (K0003) ☐ Heavy Duty Transport Chair (E1039) ☐ Seat Belts (E0978) (E2611/E2612)
☐ Heavy Duty (>250-300 lbs) (K0006) (> 300 lbs) (E1039) ☐ Brake Extensions (E0961) ☐ General Wheelchair Cushion
☐ Extra Heavy Duty (> 300 lbs) (K0007) ☐ Seat Width (≥ 20") (E2201) ☐ Anti-tippers (E0971) (E2601/E2602)
☐ Hemi Height (low seat) (K0002) ☐ Elevating Leg Rests (K1095) ☐ Transfer Board (E0705) ☐ Oxygen Tank Holder (E2208)

Hospital Beds

- ☐ Semi-Electric Bed (E0260) ☐ Patient Lift (E0630) ☐ Free Standing Trapeze (E0940) ☐ Gel Foam Overlay (E0185)
☐ Heavy Duty Bed (>350 - 600 lbs) (E0303) ☐ Full Body Sling (E0621) ☐ Attached Trapeze (E0910) ☐ Low Air Loss Mattress (E0277)
☐ Extra Heavy Duty Bed (> 600 lbs) (E0304) ☐ Standard Sling (E0621) ☐ Free Standing Heavy Duty Trapeze (> 250 lbs) (E0912)
☐ Alternating Pressure Pad/Pump (E0181) ☐ Commode Opening Sling (E0621) ☐ Attached Heavy Duty Trapeze (> 250 lbs) (E0911)

Aids to Daily Living

- ☐ Bedside Commode (E0163) ☐ Raised Toilet Seat w/ Arms (up to 250 lbs) (E0244) ☐ Shower Chair w/ Back (E0240)
☐ Drop Arm Commode (E0165) ☐ Raised Toilet Seat w/o Arms (up to 250 lbs) (E0244) ☐ Shower Chair w/o Back (E0240)
☐ Heavy Duty Commode (≥300 lbs) (E0168) ☐ Heavy Duty Raised Toilet Seat w/ Arms (up to 300lbs) ☐ Tub Transfer Bench (E0245)
☐ Grab Bar (E0241) ☐ Heavy Duty Raised Toilet Seat w/o arms (up to 300lbs) ☐ Heavy Duty Tub Transfer Bench (E0248)
☐ Transfer Tub Rail (E0246) ☐ Toilet Safety Frame (E0243)

ADDITIONAL ITEMS ORDERED: _____

ADDITIONAL NOTES: _____

Medicare has implemented the requirement for a patient Face to Face (F2F) visit prior to dispensing DME.
The F2F must document the medical need for the item(s) being ordered.

Physician's Signature: _____

Date: _____ / _____ / _____

Physician's Printed Name: _____

Ph: _____ Fax: _____

Name of Agent Completing Form: _____

NPI: _____

