

Sample

ArmsCare Inc.

Hospital Equipment and Services in Your Home
1-888-545-4949 or 724-545-3200

Wound Care Support Surfaces

Fax to: 724-543-2718

Referral Information:

Date 4/10/08 Time 3:33pm
Facility Armscare Facility Contact Person: Patty Peppermint
Facility Address: One Nolte Drive Bldg 400
Hittanning PA 16201 RM#: 430
Phone# 724-545-3200 Fax# 724-543-2718

Patient Information:

Patient Name John Doe SSN#: 000-00-0000
Diagnosis 894.0 D.O.B. 01/01/01 Phone: 724-555-0000
Address 16 Anywhere Street
Anytown PA 12345
Emergency Contact Jane Doe Emergency Phone 724-555-0000
Special Instructions/Education _____

Insurance Information:

Primary Insurance Security Blue
ID# 0000000000 Group # 000000
Secondary Insurance Medicare
ID# 000000000A Group # _____

Services/Problems/Needs <u>Group 1 Overlay Mattress (APP)</u>	
Physician Name: <u>Dr Wright</u> Address: <u>1 Anywhere Street</u> <u>Anytown PA 12345</u>	Phone: <u>724-555-1234</u> Fax: <u>724-555-1623</u>
Physician NPI # <u>0000000000</u>	

Serving Armstrong and the surrounding Counties

Sample

Statement of Ordering Physician

Group 1 Support Surfaces

Patient Name: John Doe

HIC #: XXXXXXXXXXXX

E0181 Powered Pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty (app)

Patient Diagnosis: 894.0

ICD-9 Codes that support Medical Necessity: 894.0

Indicate which of the following conditions describe the patient. Circle all that apply:

- 1) Completely immobile – i.e. patient cannot make changes in body position without assistance.
- 2) Limited mobility – i.e. patient cannot independently make changes in body position significant enough to alleviate pressure.
- 3) Any pressure ulcer on the trunk or pelvis.
- 4) Impaired nutritional status.
- 5) Fecal or urinary incontinence.
- 6) Altered sensory perception.
- 7) Compromised circulatory status.

Estimated length of need (# of months): 99 99 = lifetime: _____

If none of the above apply, attach a separate sheet documenting medical necessity for the item ordered.

Physician name (printed or typed): Dr. Wright

Address: 1 Anywhere Street, Anytown PA, 12345

Phone: 724-555-1234 Fax: 724-555-123

Physician Signature: [Signature]

Physician NPI: XXXXXXXXXX Date: 4/10/08