

Hospital Bed Equipment Order

Patient: Patient Contact Number: DOB: Patient Height: Order Date: Patient Height: PlaceNOSIS Patient Weight: DIAGNOSIS Patient Weight: DX Code: Pressure Relief Surfaces Related Items: Fixed Height Hospital Bed Pressure Relucing Gel Overlay Trapeze Semi-Eletric Hospital Bed PAP Patient / Hoyer Lift Full-Electric Hospital Bed Oregan of the state of the s	PATIENT II	NFORMATION			
DOB: Patient Height: Order Date: Patient Weight: Patient Weight: Patient Weight: DIAGNOSIS DX Code: DIAGNOSIS Pressure Relief Surfaces Related Items: Trapeze Semi-Eletric Hospital Bed Pressure Relief Surfaces Belated Items: Trapeze Semi-Eletric Hospital Bed APP Full-Electric Hospital Bed (Require a Group 1 Pressure Heavy Duty Hospital Bed (over 350 lbs) Relief Form) PHYSICIAN INFORMATION Practitioner's Name: NPI: Califies for Free (Or) 2. The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed, (Or) 2. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) 3. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) 3. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) 3. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, (Or) Cauiffue for Free (Or) 3. The beneficiary requires traction equipment , which can only be	Patient:		Patient Contact Num	Patient Contact Number:	
Order Date: Patient Weight: DIAGNOSIS DX Code: Length of need: 99 or IDX Code: Pressure Relief Surfaces Related Items: Fixed Height Hospital Bed Pressure Relucing Gel Overlay Trapeze Semi-Eletric Hospital Bed APP Patient / Hoyer Lift Full-Electric Hospital Bed (Require a Group 1 Pressure Commode Heavy Duty Hospital Bed (over 350 lbs) Relief Form) Commode PHYSICIAN INFORMATION Practitioner's Name: Date Practitioner's Signature Date Qualifies for Figure Date Qualifies for Figure 3.The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, Qualifies for Figure Qualifies for Figure 3.The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, Qualifies for Figure Qualifies for Figure 3.The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, Qualifies for Figure Qualifies for Figure 5.The beneficiary requires traction equipment , which can only be attached to a hospital bed, AD Qualifies for Figure 5.The beneficiary meets one or more of 1.4 and requires frequent or immediate changes in b			Dationst Haisber	Patient Height:	
DX Code: DX Code: Pressure Relief Surfaces Pressure Relief Form) Related Items: Trapeze Patient / Hoyer Lift Commode PHYSICIAN INFORMATION Practitioner's Name:			Dationat Mainha		
Hospital Bed Type Pressure Relief Surfaces Related Items: Trapeze Generation Pressure Reducing Gel Overlay Patient / Hoyer Lift Patient / Hoyer Lift Generation Commode Patient / Hoyer Lift Commode Heavy Duty Hospital Bed (Require a Group 1 Pressure Relief Form) Commode PHYSICIAN INFORMATION Practitioner's Name: Date Practitioner's Signature Date Qualifies for Fixed Height Bed 1. The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed, (Or) 2. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) Qualifies for Fixed Height Bed 3. The beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, (Or) 4. The beneficiary requires the head of the bed to be elevated to a hospital bed, AND Qualifies for Fixed Height Bed 5. The beneficiary requires the new or more of 1-4 and requires a bed height different than a fixed height bed to permit transfer to a chair, wc, or standing position, (Or) Qualifies for some 5. The beneficiary meets one or more of 1-4 and requires frequent or immediate changes in body position (Datilifies for the demention or standing position, (Or) Qualifies for the ded 5. The beneficiary meets one or more of 1-4 and requires frequent or immedi	DIAGNOSIS	5			
Gradifies for Fixed Height Height Hospital Bed Gradifies for fixed Pressure Reducing Gel Overlay Gradifies for fixed Date PHYSICIAN INFORMATION Practitioner's Name: Commode PHYSICIAN INFORMATION Practitioner's Name: Date Practitioner's Signature Date Date Qualifies for fixed L.The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) Date Qualifies for fixed L.The beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) Line beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) Qualifies for fixed L.The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, (Or) Qualifies for fixed Lore beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, (Or) Qualifies for fixed Da the conclustration equipment, which can only be attached to a hospital bed, AND	□ DX Code: □ Length of need: <u>99</u> or				
 Semi-Eletric Hospital Bed APP Patient / Hoyer Lift Commode Patient / Hoyer Lift Commode PHYSICIAN INFORMATION Practitioner's Name: NPI: Practitioner's Signature Date Date Qualifies for Fixed And the beneficiary requires positioning of the body in ways not feasible with an ordinary bed, (Or) 3. The beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, (Or) Qualifies for Fixed AND Cualifies for Fixed And the beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, (Or) Qualifies for fixed Cualifies for fixed And the beneficiary mets one or more of 1-4 and requires a bed height different than a fixed height bed to permit Electric Edd Cualifies for Taul 6. The beneficiary meets one or more of 1-4, and requires frequent or immediate changes in body position Electric Edd 7. The beneficiary meets one or more of 1-4, and weight is more than 350 lbs, but does not exceed 600 lbs.	Hospital Bed Type		Pressure Relief Surfaces	Related Items:	
Full-Electric Hospital Bed (Require a Group 1 Pressure Relief Form) Commode PHYSICIAN INFORMATION Practitioner's Name:	-	•	Pressure Reducing Gel Overlay	-	
Heavy Duty Hospital Bed (over 350 lbs) Relief Form) PHYSICIAN INFORMATION Practitioner's Name: NPI:	· ·			· •	
Practitioner's Name:				🗆 Commode	
Qualifies for Fixed 1. The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed, (Or) Qualifies for Fixed 2. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, (Or) Beight Bed 3. The beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD, or problems with aspiration, (Or) Qualifies for Semi 6. The beneficiary meets one or more of 1-4 and requires a bed height different than a fixed height bed to permit transfer to a chair, wc, or standing position, (Or) Qualifies for Full 6. The beneficiary meets one or more of 1-4, and requires frequent or immediate changes in body position Qualifies for 7. The beneficiary meets one or more of 1-4, and weight is more than 350 lbs, but does not exceed 600 lbs.				Date	
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Notes: Fax to 561-290-1434 and we will take care of the rest. 1) This Form 2) patient demographic sheet 3) Chart Notes from last office visit

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