

Walkers & Canes

Per Medicare requirements, a **SIGNED PHYSICIAN'S ORDER is required.**

Please answer all questions below and return to DME Living Well. In addition, please make sure a signed copy is kept in your patient's file.

Patient Full Name: _____ Date of Birth: ____/____/____

Address City/St/Zip: _____

Medicare # _____ Other Insurance Type & # _____

Referring Facility: _____ Contact Name: _____ Phone: _____

Deliver To: Facility Home Req Delivery Date: _____ Approx. Time: _____ Discharge Date: _____

Length of Need (Months) (99=Lifetime): _____ Height: _____ Weight: _____

Diagnosis (es) that qualify the need of item delivered: _____

Size: Junior Adult Tall

WALKERS/ROLLATORS/ACCESSORIES

- Standard (E0135)
- 2 Wheeled (E0143)
- Rollator (E0143) & (E0156)
- ATA (E0143) & (E0156)
- Hemi (E0135)
- Platform Attachment (E0154) Left Right

CANES

- Single Prong Cane (E0100)
- Quad Cane – Small Base (E0105)
- Quad Cane – Large Base (E0105)
- Crutches Pair (E0114)

Requirements for Equipment

Patient has a mobility limitation that significantly impairs ability to participate MRADLS

WALKER

- Patient has a mobility limitation that significantly impairs ability to participate MRADLS
- Patient able to safely use the walker
- Patient's functional mobility deficit is sufficiently resolved with the use of the walker
- RX: If done prior to delivery...Do not need CMN
- Heavy Duty: Must be OVER 300 lbs. and must have patients weight documented

If patient requires a walker and wheelchair at the same time, the medical record must justify the need for both items: for example, patients' bathroom measurements does not accommodate wheelchair or: patient lives in assisted living and uses chair to go down for meals and entertainment

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): _____ NPI _____

Ordering Physician, PA, or Nurse Practitioner Signature: _____ Date: ____/____/____

Please Fax This Page with Patient Demographics to: 860-218-9966