Written Order

 **Bathroom Items**

 (Standard, Heavy Duty)

Phone: 860-674-1601

#  Fax: 888-897-3010

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:

Primary Insurance & #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Insurance & #

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of Need (Months) (99=Lifetime): 99**

**Height:**

**Weight:**

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

□󠇯 Transfer Tub Bench (E0247)

□󠇯 Bariatric Transfer tub bench (E0248)

□󠇯 Chair, w/Back, Shower (E0245)

□󠇯 Locking raised Toilet Seat w/arms (E0244)

□󠇯 Reacher / Hip Kit (A9281)

**Requirements for Equipment**

I certify that this order is reasonable and medically necessary or now approved under the Affordable Care Act and not merely a convenience item. This document will serve as a confirmation of a verbal order and is also written in the patient’s record. The forgoing information is true, accurate and complete. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

**MEDICAID COVERS ITEMS**

*Medicare and most private insurances DO NOT cover bath safety items. Medicare coverage stops at the bathroom door.*

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: **888-897-3010**