JONES MEDICAL EQUIPMENT
481-B Elma G. Miles Parkway Hinesville, GA 31313 Phone 912-877-3202 Fax 912-877-3206
NPI 1578900841
210 Grand Central Blvd. Pooler, Ga. 31322 Phone 912-988-3718 Fax 912-988-7064
NPI 1396202495

*****ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED*****

Monthly Documentation for Pressure Reducing Support Surfaces

Patient Name _____ DOB _____

Insurance _____ MBI #_____

Description of Equipment _____

Initial Start Date of Equipment _____ Expected End Date _____

Treating Provider _____ NPI _____

*****To be completed by the provider (Attach any and all supporting office, hospital or home health notes)*****

Date of assessment _____ Completed by _____

Location, description and size of ulcer(s) _____

Change since last assessment (circle one): Improvement Unchanged Worsened

Care Plan: _____
_____
_____
_____
_____

Provider Statement:

I certify continued use of the above mentioned equipment is medically necessary for wound management. I also understand that this form is to be completed monthly until said wound is healed, at which time equipment should be picked up by the DME provider.

Provider Signature _____ Date _____