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*****

Detailed Written Order

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

List Equipment for Order with Quantity and Instructions for use

Other or Specific Instructions by MD

_____

_____

General Description/Brand/ Serial #	HCPC or HCPC Narrative	QTY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accessories or Supplies to be used with Equipment

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list specific instructions for use(how many times per day, how often, what dosage, etc.)

_____

To be completed by provider (must be signed by the ordering M.D.)

Prognosis (circle) Fair Good Poor Length of Need _____ (99= lifetime)

Date of Order (RX) _____ Date of Office Visit _____

DX _____ ICD-10 Code _____

DX _____ ICD-10 Code _____

Indication

Please be sure the medical need for this item is recorded in your office notes for this patient. We will need a copy of those notes returned to our office in conjunction with this

_____ _____

Provider Signature **Date**