

## 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\*\*\*

### **Continuous Passive Motion Device**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance \_\_\_\_\_ MBI # \_\_\_\_\_

Order Date \_\_\_\_\_ End Date \_\_\_\_\_

Treating Provider \_\_\_\_\_ NPI \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**\*\*\*INSURANCE WILL ONLY COVER 21 DAYS OF HOME USE\*\*\***

### **List Equipment for Order with Quantity and Instructions for use**

<b><u>Item Name</u></b>	<b><u>HCPC</u></b>	<b><u>QTY</u></b>	<b><u>LENGTH OF NEED</u></b>
CPM UNIT	E0935	1	_____
CPM SOFT GOOD KIT	XZERO	1	_____

**Please list specific instructions for use (how many times per day, how often, what dosage, accessories, 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 Surgery \_\_\_\_\_

Date CPM Applied \_\_\_\_\_ Discharge Date \_\_\_\_\_

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

Individually Owned and Operated