

JONES MEDICAL EQUIPMENT

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NPI 1578900841

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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

Power Mobility Device- Detailed Product Description

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____

Detailed Product Description with Accessories to be billed:

HCPC/ QTY	General Description	Charge	Insurance Allow
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Treating Provider _____ NPI _____

Phone # _____ FAX # _____

Provider Signature _____ Date _____

(Supplier Section Only) Date of RX/ Order Date _____ Date received _____

Date Face to Face was complete _____ Date received _____ R/C By: _____

Date initial order faxed _____ Date received complete _____ R/C By: _____

Date DPD faxed _____ Date received and complete _____ R/C By: _____

***DOCUMENTS MUST BE RECEIVED PRIOR TO DELIVERY OR REPAIR OF PMD**

***HOME ASSESSMENT MUST BE COMPLETE PRIOR TO DELIVERY**

***ALL FORMS MUST BE RECEIVED, COMPLETE AND PMD DELIVERED WITH 45 DAYS OF F2F**

Individually Owned and Operated