

JONES MEDICAL EQUIPMENT

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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

Hospital Bed and Accessories

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

Equipment Ordered (Circle/Check All that Apply)

*E0261 HOSPITAL BED, SEMI-ELECTRIC, WITH ANY TYPE SIDE RAILS W/O MATTRESS

*E0297 HOSPITAL BED, TOTAL ELECTRIC, WITHOUT SIDE RAILS, W/O MATTRESS

*E0301 HOSPITAL BED, HEAVY DUTY, WEIGHT CAPACITY 350-600 POUNDS, WITH SIDE RAILS, W/O MATTRESS

*E0302 HOSPITAL BED, EXTRA HEAVY DUTY, GREATER THAN 600 POUNDS, WITH SIDE RAILS, W/O MATTRESS

Accessories:

*E0271 MATTRESS, INNERSPRING

*E0630 HYDRAULIC LIFT

*E0272 MATTRESS, FOAM RUBBER

*E0280 BED CRADLE, ANY TYPE

*E0910 TRAPEZE BAR

*E0911 TRAPEZE BAR, WEIGHT >250, BED ATTACHMENT

*E0912 TRAPEZE BAR, WEIGHT > 250 POUNDS, FREE STANDING

*GEL OVERLAY TO PREVENT SKIN BREAKDOWN

To be completed by provider (must be completed 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 _____

Indication- Circle yes or no for each. This documentation should be listed in your progress notes for this patient.

1. Does the patient have a medical condition which requires positioning of the body in ways not feasible with an ordinary bed? YES NO
2. Does the patient require positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain? YES NO
3. Does the patient require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration? YES NO
4. Have pillows and/or wedges been considered and ruled out? YES NO
5. Does the patient require traction equipment that can only be attached to a hospital bed? YES NO
6. Does patient need a Trapeze Bar to set up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed? YES NO
7. Does patient need a bed cradle to prevent contact with the bed coverings? YES NO
8. Is the patient completely immobile or limited in their mobility? YES NO
9. Does the patient have (CIRCLE ALL THAT APPLY):
a) any stage pressure ulcer on the trunk or pelvis b) impaired nutritional status c) fecal or urinary incontinence; d) altered sensory perception or e) compromised circulatory status?

PROVIDER SIGNATURE

DATE

Individually Owned and Operated