

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

Oxygen Witten Order Prior to Delivery

Detailed Written Order

Patient Name _____ DOB _____
Insurance _____ MBI # _____
Treating Physician _____ NPI # _____
Physician Phone # _____ Fax # _____

Equipment Ordered (circle all that apply)

E1390- Oxygen Concentrator for home use, rental single port system, capable of providing 85% or greater oxygen

E0431- Portable gaseous cylinder tanks, rental, includes portable container, regulator or conserving device and disposable supplies

To be completed by clinical staff or physician, but signed by the ordering Medical Doctor

Date of F2F _____ Height _____ Weight _____
Oxygen Flow Rate _____ Liters per Minute via _____ (NC= nasal cannula)
Frequency _____ (Minutes Per Hour) Duration _____ (Hours Per Day)
Length of Need _____ (# of Years) Start Date for Equipment _____
Diagnosis _____ ICD-10 _____
Are you this patients Primary Care (PC) Physician? _____ If not, who is? _____
Does the patient have chronic stable hypoxemia? _____
Has the patient been tried and failed on other forms of treatment for hypoxemia and failed? _____
Can the patient use a conserving device for portable oxygen? _____

I understand, as this patients Medical Doctor, that I must coordinate care with this Durable Medical Equipment Supplier. I understand that upon initial setup of oxygen, this patient will require a **follow-up with primary care (PC) within 90 days to document improvement and oxygen must be entered on the Med List** for this patient. I also understand that an **annual follow up** is required to document continued use with this patients PC. At this time an annual WOPD/DWO will be required as well as a recertification of medical necessity. I agree to ensure that coordination of care is carried out through my office to notify this patients PC. Documentation can be faxed to this patients PC or sent via mail. This patient should also be provided copies for a hand delivery.

Physician Signature

Date

Individually Owned and Operated