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*****

Seat Lift Mechanism

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

Equipment Ordered (Circle/Check All that Apply)

E0627 Seat Lift Mechanism- Covered by insurance, based on qualification QTY _____

A9270 Patient Balance for cost of chair- not covered by any insurance QTY _____

To be completed (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 _____

Indication- Circle yes or no for each.

This documentation should be documented in your progress notes for this patient.

1. Does the patient have one or more of the following:
   a. Sever arthritis of the hip or knee? Yes No
   b. Muscular Dystrophy? Yes No
   c. Other neuromuscular disease? Yes No
2. Will the patient benefit therapeutically from the use of a seat lift mechanism? Yes No
3. Will the seat lift mechanism improve, arrest or retard the patient's medical condition? Yes No
4. Is the severity of the medical condition such that the alternative would be chair or bed confinement? Yes No

_____ _____
PROVIDER SIGNATURE DATE