

# CONFIRMATION OF ORDER – AffloVest

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**PROVIDER:** Home Health Solutions  
501 East Sloan Street  
Harrisburg, IL 62946

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Gender:**

**Height/Weight:**

**Insurance:**

**Patient Chest Circumference (nipple line):**

**Patient Torso Length (shoulder blade to waist/belt line):**

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**Physician:**

**NPI:**

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## DIAGNOSIS

**ICD 10 Code**

**Description**

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## EQUIPMENT/SERVICES

**Quantity**

**Proc. Code**

**Item Name/Narrative**

1 E0483 AffloVest by International Biophysics Corporation /  
High Frequency Chest Wall Oscillation System

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## ADDITIONAL MEDICAL INFORMATION

**Start Date:**

**Length of Need:**

**30 Day Rx**

**99 (Lifetime)**

**Other:**

**Frequency of Use (standard):**

Use the AffloVest at 5Hz-20Hz for 30 minute treatments twice per day (minimum of 10 minutes per day).

**Frequency of Use (custom): Use the AffloVest at**

**Hz for**

**minute treatments**

**per day.**

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_