

CONFIRMATION OF ORDER – Hospital Bed

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

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

NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (*in months*)

Physician:

NPI:

DIAGNOSIS

ICD 10 Code	Description
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EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0260	Hospital Bed – Semi-Electric

ADDITIONAL MEDICAL INFORMATION

- Y N Does patient have a medical condition which required positioning of the body not feasible with an ordinary bed?
 - Y N Does patient require positioning of the body not feasible with an ordinary bed to alleviate pain?
 - Y N Does patient require the head of bed to elevate more than 30 degrees most of the time due to CHF, chronic pulmonary disease or problems with aspiration?
 - Y N Have pillows or wedges been considered and ruled out?
 - Y N Does patient require a bed height different from fixed height hospital bed to permit transfers to chair, wheelchair or standing position?
 - Y N Does patient require frequent changes in body position and/or have an immediate need for a change in body position?
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Signature: _____

Date: _____