

CONFIRMATION OF ORDER – Lift Chair

PROVIDER: Medicine Shoppe #503
304 South Commercial
Harrisburg, IL 62946-2108

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

NPI: 1528178720
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	E0627	Lift Chair

ADDITIONAL MEDICAL INFORMATION *(please check Y for Yes, N for No or D for Does Not Apply)*

- Y N D Does the patient have severe arthritis of the hip or knee?
- Y N D Does the patient have a severe neuromuscular disease?
- Y N D Is the patient completely incapable of standing up from a regular armchair or any chair in his/her home?
- Y N D Once standing, does the patient have the ability to ambulate?
- Y N D Have all appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position (*e.g., medication, physical therapy*) been tried and failed? If YES, this is documented in the patient's medical records.
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PERSON COMPLETING FORM *(if someone other than physician)*

Name:

Title:

Employer:

Physician Signature: _____

Date: _____