

CONFIRMATION OF ORDER – Manual Wheelchair

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
-------------	-------------

EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	K0003	K0001, K0003, K0006, K0007

ADDITIONAL MEDICAL INFORMATION *(please check Y for yes or N for no)*

- Y N Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home?
- Y N Patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- Y N Does patient's home provide adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided?
- Y N Will use of a manual wheelchair significantly improve the patient's ability to participate in MRADLs and will patient use it on a regular basis in the home?
- Y N Has patient expressed willingness to use the manual wheelchair that is provided in the home?
- Y N Does patient have sufficient upper extremity function, physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home OR does patient have a caregiver who is available, willing, and able to provide assistance with the manual wheelchair?

FOR LIGHTWEIGHT WHEELCHAIRS

- Y N Can patient self-propel in a standard wheelchair in the home?
 - Y N Can patient self-propel in a lightweight wheelchair?
-

Physician Signature: _____

Date: _____