

CONFIRMATION OF ORDER – Walker (*wheeled*)

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 | E0143 | Walker – wheeled |

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

- Y N Does the patient have a mobility impairment that prevents them from participating in one or more mobility-related activity of daily living (*MRADL*) in the home (*MRADL includes using the restroom, eating, dressing, grooming or bathing in the customary locations*)?
 - Y N Does the patient have a mobility limitation that places the patient at a reasonably increased risk of morbidity or mortality when they attempt to perform *MRADL*?
 - Y N Does the patient have a mobility limitation that prevents them from completing *MRADL* within a reasonable time frame?
 - Y N Is the patient able to safely use a walker?
 - Y N Will a walker allow the patient to overcome their mobility impairment sufficiently that they can resume the *MRADL*?
 - Y N Does the patient weigh more than 300 pounds?
 - Y N Is the patient at least 72 inches (*6 feet*) tall? (*only if billing for extenders*)
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Physician Signature: _____

Date: _____