

CONFIRMATION OF ORDER – Commode Chair

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	E0163	Commode Chair – Standard
1	E0168	Commode Chair – Bariatric

ADDITIONAL MEDICAL INFORMATION

- Y N Is the patient confined to a single room in their home?
 - Y N Is the patient confined to a single level in their home and there is no toilet on that level?
 - Y N Is the patient confined to a home that has no toilet?
 - Y N Does the patient weigh more than 300 pounds?
 - Y N Are detachable arms required to facilitate transferring the patient from the commode?
 - Y N Does the patient have a body configuration that requires extra width?
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Signature: _____

Date: _____