

CONFIRMATION OF ORDER – Catheter

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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PRESCRIPTION INFORMATION

Catheter Type:

Foley 100% Silicone	fr	10mL x 1/mo (A4344) or	30mL x 1/mo (A4344)
Foley Silicone / Elastomer Coated	fr	10mL x 1/mo (A4338) or	30mL x 1/mo (A4338)
Intermittent Male (16") Straight Tip	fr x	/mo (A4351)	
Intermittent Female (6") Straight Tip	fr x	/mo (A4351)	

Foley Catheter Max Allowed = 1 per month. Intermittent Catheter Max Allowed = up to 200 per month.

Insertion Kit:

Foley Kit w/o catheter & bag 10mL x 1/mo (A4310)
Foley Kit w/o catheter & bag 30mL x 1/mo (A4310)
Intermittent Kit x /mo (A4353 or A4354)

Foley Max Allowed = 1 per month. Intermittent Max Allowed = up to 200 per month.

Foley Catheter Leg Strap/StatLock:

Cloth/Velcro Regular (A4334)
Cloth/Velcro X-Long (A4334)
StatLock (A4333)

Extension Tubing:

18" Extension Tubing (can be cut down if needed) (A4334)
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Urinary Leg Bags:

32oz/900mL (lg) Twist Valve x 2/mo (A4358)
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Urinary Bed Bags:

2000mL Slide Tap Drainage Tube x 2/mo (A4357)	2000mL Metal Clamp Drainage Tube x 2/mo (A4357)
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Refills:

Physician Signature: _____

Date: _____