

# 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*)

**Patient Height:**

**Patient Weight:**

---

**Physician:**

**NPI:**

---

## DIAGNOSIS

ICD 10 Code	Description
-------------	-------------

---

## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0163	Commode Chair – Standard <300 lbs.
1	E0168	Commode Chair – Bariatric >300 lbs.

---

## 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?
- 

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_