

# CONFIRMATION OF ORDER – Hospital Bed

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**PROVIDER:** Home Health Solutions  
501 East Sloan Street  
Harrisburg, IL 62946

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Length of Need:** 99 (*in months*)

**Patient Height:**

**Patient Weight:**

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**Physician:**

**NPI:**

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## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0260	Hospital Bed – Semi-Electric <300 lbs.
1	E0303	Heavy Duty Hospital Bed – Bariatric 350-600 lbs.
1	E0304	Extra Heavy Duty Hospital Bed, Extra Wide – Bariatric >600 lbs.

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## ADDITIONAL MEDICAL INFORMATION

- Y N Does patient have a medical condition which required positioning of the body not feasible with an ordinary bed?
- Y N Does patient require positioning of the body not feasible with an ordinary bed to alleviate pain?
- Y N Does patient require the head of bed to elevate more than 30 degrees most of the time due to CHF, chronic pulmonary disease or problems with aspiration?
- Y N Have pillows or wedges been considered and ruled out?
- Y N Does patient require a bed height different from fixed height hospital bed to permit transfers to chair, wheelchair or standing position?
- Y N Does patient require frequent changes in body position and/or have an immediate need for a change in body position?
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**Signature:** \_\_\_\_\_

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