

CONFIRMATION OF ORDER – Incontinence, Pediatric and Youth

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) **Sex:** Male Female **Height:** inches **Weight:** pounds

Physician:

NPI:

DIAGNOSIS

ICD 10 Code	Description
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PRESCRIPTION INFORMATION

Age must be 4 and older to qualify for Medicaid coverage.

Typical # used per day (must be documented):

Must have a documented developmental reason for slow/inability to potty train:

Pediatric Pullup: Max Qty Allowable = 200*		Pediatric Briefs: Max Qty Allowable = 200*	
Small/Medium (T4531)	Qty	Small/Medium (T4529)	Qty
Large/XL (T4532)	Qty	Large/XL (T4530)	Qty
Youth Pullup: Max Qty Allowable = 200*		Youth Briefs: Max Qty Allowable = 200*	
(T4534)	Qty	(T4533)	Qty
Disposable Underpad: (T4541) Max Qty Allowable = 150		Non Sterile Gloves: (A4927) Max Qty Allowable = 2 box	
23" x 36"	Qty	Small	Qty
		Medium	Qty
		Large	Qty
		X-Large	Qty

*Pediatric and youth can have pullups (underwear) OR briefs (diapers) NOT both.

Refills:

Physician Signature: _____

Date: _____