

CONFIRMATION OF ORDER – Patient Lift

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
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EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0630	Patient Lift

ADDITIONAL MEDICAL INFORMATION *(please check Y for yes or N for no)*

- Y N Does a transfer of the patient between bed and a chair, wheelchair, or commode require the assistance of more than one person?
- Y N Would the patient be confined to a bed without the use of a lift?
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Physician Signature: _____

Date: _____