

CONFIRMATION OF ORDER – Trapeze Equipment

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	E0910	Trapeze Bar attached to bed, 250lb wt cap
1	E0912	Trapeze, free standing HD, 600 or 100 lb wt cap
1	E0940	Trapeze Bar free standing, 250 lb wt cap

ADDITIONAL MEDICAL INFORMATION *(please check Y for Yes or N for No)*

<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the patient need this device to sit up because of a respiratory condition, or to change body position for other medical reasons?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the patient need this device to get in and out of bed?

All qualifying information MUST be addressed in the medical record.

Physician Signature: _____

Date: _____