

# CONFIRMATION OF ORDER – Catheter

**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)

**Physician:**

**NPI:**

## DIAGNOSIS

**ICD 10 Code**                      **Description**

## PRESCRIPTION INFORMATION

### Catheter Type:

Foley 100% Silicone	fr	10mL x 1/mo (A4344) or	30mL x 1/mo (A4344)
Foley Silicone / Elastomer Coated	fr	10mL x 1/mo (A4338) or	30mL x 1/mo (A4338)
Intermittent Male (16") Straight Tip	fr x	/mo (A4351)	
Intermittent Female (6") Straight Tip	fr x	/mo (A4351)	

*Foley Catheter Max Allowed = 1 per month. Intermittent Catheter Max Allowed = up to 200 per month.*

### Insertion Kit:

Foley Kit w/o catheter & bag 10mL x 1/mo (A4310)  
Foley Kit w/o catheter & bag 30mL x 1/mo (A4310)  
Intermittent Kit x /mo (A4353 or A4354)

*Foley Max Allowed = 1 per month. Intermittent Max Allowed = up to 200 per month.*

### Foley Catheter Leg Strap/StatLock:

Cloth/Velcro Regular (A4334)  
Cloth/Velcro X-Long (A4334)  
StatLock (A4333)

### Extension Tubing:

18" Extension Tubing (can be cut down if needed) (A4334)

### Urinary Leg Bags:

32oz/900mL (lg) Twist Valve x 2/mo (A4358)

### Urinary Bed Bags:

2000mL Slide Tap Drainage Tube x 2/mo (A4357)      2000mL Metal Clamp Drainage Tube x 2/mo (A4357)

Refills:

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

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