

# 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
-------------	-------------

---

## EQUIPMENT/SERVICES

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

---

## ADDITIONAL DOCUMENTATION THAT MUST BE ADDRESSED IN THE MEDICAL RECORD

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

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

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