HOSPITAL BED L11557

PROVIDER: ALLSTATE DME LLC
4009 S. SUGAR RD.
EDINBURG, TX 78539
Phone (956) 287-8585
FAX (956) 287-8586
Provider No. 6385310001

PHYSICIAN:

UPIN **NPI**
Phone **Fax**

PATIENT: PATIENT, TEST

TX
Phone
DOB 01/01/1900
Initial Date 09/01/2010
Revised Date
Recertification
Length of Need (in months)
Policy

DIAGNOSIS

ICD-9 Code	Description

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	XZERO	BED LIGHTWEIGHT HEAD & FOOD SECTION
1	E0260	BED LIGHTWEIGHT SEMI ELECTRIC
1	XZERO	BED RAIL, FULL SIZE, 4 BARS
1	XZERO	MATRESS, POLYESTER FIBER, LIGHT WEIGHT 80"X36"5.5"

ADDITIONAL MEDICAL INFORMATION

Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition? Y / N
Does the patient require, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed? Y / N
Does the patient require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or aspiration? Y / N
Have pillows and wedges been considered and ruled out? Y / N
Does the patient require traction which can only be attached to a hospital bed? Y / N
Does the patient require a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position? Y / N
Does the patient require frequent changes in body position and/or have an immediate need for a change in body position? Y / N
How much does the patient weigh? _____ lbs

Clinician Signature _____ **Date** _____

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HOSPITAL BED L11557 - HOSPITAL BED L11557

Date: 9/12/2010
Patient: PATIENT, TEST

HICN:

,
Phone:
Fax:

Equipment/Services:

XZERO	BED LIGHTWEIGHT HEAD & FOOD SECTION
E0260	BED LIGHTWEIGHT SEMI ELECTRIC
XZERO	BED RAIL, FULL SIZE, 4 BARS
XZERO	MATRESS, POLYESTER FIBER, LIGHT WEIGHT 80"X36"5.5"

Dear Physician,
The following information was provided to our office as part of the order intake process. Please confirm that the information is correct. If the information is correct it needs to be inserted into the attached Written Order form. Any changes or corrections should also be inserted into the attached form. Once all sections of the Written Order are completed, please sign, date and mail the form back to our office.
Thank you.

Questions Reviewed:	Answers:
Diagnosis of Patient?	
Estimated Length of Need? 1-99 (99=Lifetime)	
Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition? Y / N	
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How much does the patient weigh? _____ lbs	