HOSPITAL BED L11557

PROVIDER	R: ALLSTATI	E DME LLC		PATIENT	ATIENT: PATIENT, TEST		
	4009 S. S	UGAR RD.					
	EDINBUR	G, TX 78539)		TX		
	Phone	(95	56) 287-8585		Phone		
	FAX	(95	56) 287-8586		DOB	01/01/1900	
	Provider	No. 63	85310001		Initial Date	09/01/2010	
PHYSICIA	N:				Revised Date		
					Recertification		
					Length of Need		
	UPIN		NPI		(in months)		
	Phone		Fax		Policy		
DIAGNOSI							
ICD-9 Cod	_	Description	n				
	NT/SERVIC						
· ,			/Narrative				
1 XZER			EIGHT HEAD & FOOD				
1 E026			EIGHT SEMI ELECTRIC	C			
1 XZER			LL SIZE, 4 BARS				
1 XZER		·	LYESTER FIBER, LIGH	HT WEIGHT 80"X3	6"5.5"		
	AL MEDICA						
Does the pa	itient require	positioning	of the body in ways	s not feasible wit	h an ordinary bed o	due to a medical condition? Y /	
IN							
Does the na	tiont require	for the alle	viation of pain posi	itioning of the bo	ndy in ways not fear	sible with an ordinary bed? Y /	
N	itient require	, ioi tile alle	viation of pain, posi	idoning of the bo	ody iii ways not ieas	sible with an ordinary bed: 1 /	
Does the pa	itient require	the head of	f the bed to be eleva	ated more than 3	30 degrees most of	the time due to congestive	
heart failure	e, chronic pu	Imonary dise	ease, or aspiration? `	Y / N			
Have pillows	s and wedge	s been cons	idered and ruled out	t? Y / N			
					11 12 1/ / 21		
Does the pa	itient require	traction wh	ich can only be atta	iched to a hospit	al bed? Y / N		
Daga tha na	tiont vocuive	a had haial	at different than a fi	wad baiabt baani	ital bad ta maunait tu		
	position? Y		nt different than a fil	xea neight nospi	tal bed to permit tr	ansfers to chair, wheelchair,	
or starialing	position. 1 /	14					
Does the pa	ntient require	frequent ch	nanges in body posit	tion and/or have	an immediate need	I for a change in body	
position? Y			gec 2224, pears			in a stange in sea,	
How much o	does the pat	ient weigh?	lbs				



Clinician Signature

Date

ALLSTATE DME LLC

4009 S. SUGAR RD. EDINBURG, TX 78539 Phone: (956)287-8585 Fax: (956)287-8586

HOSPITAL BED L11557 - HOSPITAL BED L11557

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

HICN:

Phone:

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	
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?	

