L4991 Commodes

ALLSTATE DME LLC
4949 N. McColl Rd.
McAllen, TX 78504

Phone (956) 992-8866
FAX (956) 287-8586

Provider No. 6385310001

PHYSICIAN: _____

_____

_____

UPIN _____ **NPI** _____

Phone _____

PATIENT: _____

_____

_____

Phone _____

DOB _____

Policy: _____

Initial Date _____

Revised Date _____

Recertification

Length of Need : _____

DIAGNOSIS

ICD-9 Code	Description
_____	_____
_____	_____
_____	_____
_____	_____

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	E0163	COMMODE 3 IN 1

ADDITIONAL MEDICAL INFORMATION (circle one please)

1. Is the patient confined to a single room? ☐ Y ☐ N or
2. Is the patient confined to one level of the home environment and there is no toilet on that level? ☐ Y ☐ N or
3. Is the patient confined to the home and there are no toilet facilities in the home? ☐ Y ☐ N
4. How much does the patient weigh? _____ lbs
5. Is the detachable arms feature necessary to facilitate transferring the patient or if the patient has a body configuration that requires extra width? ☐ Y ☐ N

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.

Clinician Signature _____ **Date** _____