



YOUR CHOICE . . . OUR PROMISE

(330) 545-6700
Fax (330) 545-5555
Toll Free (800) 443-3390
Toll Free Fax (800) 952-5352

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(330) 998-6012
Fax (330) 998-6616
(By Appointment Only)

BOARDMAN
(330) 758-0595
Fax (330) 726-2229

CANTON
(330) 492-4300
Fax (330) 492-7886
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GIRARD
(330) 545-6700
Fax (330) 545-5555

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(330) 395-7252
Fax (330) 373-1190
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HME
E-Z SCRIPT

WWW.BOARDMANMEDICALSUPPLY.COM
bmsfax@bms1.com

\*\*Please fax your patient's insurance information, demographics and chart notes with this form.\*\*

Start Date: \_\_\_\_\_ Acct #: \_\_\_\_\_
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_
Patient Phone #: \_\_\_\_\_ Ordered By: \_\_\_\_\_
Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
Diagnosis/Diagnosis Code: \_\_\_\_\_ Duration of Need: \_\_\_\_\_

AIDS TO DAILY LIVING

- Walker E0135
Hemi Walker E0135
Walker Platform Attachment E0154
Wheeled Walker w/Seat E0143-E0156
Wheeled Walker E0143
Extra Wide Walker E0148
Sm. Base Quad Cane E0105
Lg. Base Quad Cane E0105
Crutches E0114

COMMODOES

- Extra Wide Commode E0168
Drop Arm Commode E0165
Bedside Commode E0163

Must have one of the following reasons to be covered by insurance:
Confined to a single room or to one level of their home environment with no bathroom facilities.
Bed/Chair Confined
No indoor bathroom facilities.

HOSPITAL BED

Accessories:

- Trapeze E0910/Free-standing E0940
Patient Lift E0630

- Fixed height hospital bed w/ mattress w/ 1/2 rails E0250
Fixed height hospital bed w/o mattress w/ 1/2 rails E0251
Semi Elec Hosp Bed w/ Mattress E0260
Semi Elec Hosp Bed w/o Mattress E0261
Full Elec Hosp Bed w/ Mattress E0265
Full Elec Hosp Bed w/o Mattress E0266
Variable Height Hosp Bed w/ Mattress E0255
Variable Height Hosp Bed w/o Mattress E0256
Heavy Duty Hosp Bed w/ Mattress E0303
Heavy Duty Hosp Bed w/o Mattress E0301
Extra Heavy Duty Hosp Bed w/ Mattress E0304
Extra Heavy Duty Hosp Bed w/o Mattress E0302

- Condition Expected to last up to 1 month and patient requires aid in positioning
Bed required to alleviate pain.
Requires bed lowered to transfer bed to chair/stand.
Condition requires HOB elevation up to 30 ° (CHF, COPD, Aspiration).
Device needed to assist to sitting position, for changes in position, or getting in or out of bed.

WHEELCHAIR

Type & Weight Limit:

- Standard W/C (up to 250 lbs.) K0001
Hemi Height W/C K0002
Lightweight W/C (up to 250 lbs.) K0003
Heavy Duty W/C (up to 300 lbs.) K0006
X-tra Heavy Duty W/C (over 300 lbs.) K0007
Seat Cushion E2601,E2602,E2603
Back Cushion E2611

Size: (Seat Width) 16 18 20 22 24

- Elevating Legrest K0195/E0990
Reclining Back E1226
Tall Seat over 21" K0056
Quick Release Axle K0108
Brake Extensions E0961
Footrests
w/Heel Loops E0951
Pelvic Strap E0978
Stump Support E1020
Anti-tippers (pair) E0971
Height adjustable arms E0973
Super Hemi Height under 17" K0056
Amputee Set Back (Bi-Lateral AKA) E0959

Condition confines client to bed or chair & wheelchair required to move about in residence.

Is patient using any other ambulatory aid? Yes No If yes, please list other ambulatory aid:

TRANSPORT WHEELCHAIR

Wheelchair required for use inside of home.

Size: 17 19 Standard Transport Wheelchair (up to 250 lbs.) E0138

I certify that the medical necessity information above is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_
Phone: \_\_\_\_\_ NPI #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_