

ArmsCare Inc.

Hospital Equipment and Services in Your Home
1-888-545-4949 or 724-545-3200

Sample

Wound Care Support Surfaces

Fax to: 724-543-2718

Referral Information:

Date 4/10/08 Time 3:33pm
Facility Armscare Facility Contact Person: Patty Peppermint
Facility Address: One White Drive Bldg 400
Hitting PA 16201 RM#: 430
Phone# 724-545-3200 Fax# 724-543-2718

Patient Information:

Patient Name John Doe SSN#: 000-00-0000
Diagnosis F07.02 D.O.B. 01/01/01 Phone: 724-555-0000
Address 16 Anywhere Street
Anytown PA 12345
Emergency Contact Jane Doe Emergency Phone 724-555-0000
Special Instructions/Education _____

Insurance Information:

Primary Insurance Security Blue
ID# 800000000000 Group # 000000
Secondary Insurance Medicare
ID# 0000000000A Group # _____

Services/Problems/Needs <u>Group 2 Overlay Mattress</u> <u>(APM or LAL)</u>	
Physician Name: <u>Dr. Wright</u> Phone: <u>724-555-1234</u> Address: <u>1 Anywhere Street</u> Fax: <u>724-555-1123</u> <u>Anytown PA 12345</u>	
Physician NPI # <u>0000000000</u>	

Serving Armstrong and the surrounding Counties

Sample

Statement of Ordering Physician

Group 2 Support Surfaces

Patient Name: John Doe

HIC #: XXXXXXXXXXXX

E0277 Powered Pressure Reducing Mattress

ICD-9 Codes that support Medical Necessity, Circle all that apply:

- 707.02 Decubitus ulcer upper back – shoulder blades
- 707.03 Decubitus ulcer lower back – sacrum
- 707.04 Decubitus ulcer hip
- 707.05 Decubitus ulcer buttocks

Circle Y for yes, N for No, D for Does not apply, unless otherwise noted.

- Y N D 1) Does the patient have multiple stage II pressure ulcers on the trunk or pelvis?
- Y N D 2) Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of an alternating pressure or low air loss overlay which is less than 3.5 inches, or a no powered pressure reducing overlay or mattress?
- 1 2 3 3) Over the past month, the patient's ulcer (s) has/have:
1) Improved 2) Remained the same 3) Worsened?
- Y N D 4) Does the patient have large or multiple stage III or IV pressure ulcer (s) on the trunk or pelvis?
- Y N D 5) Has the patient had a recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis? If yes, give date of surgery:
- Y N D 6) Was the patient on an alternating pressure or low air loss mattress or bed or an air fluidized bed immediately prior to a recent (within the past 30 days) discharged from a hospital or nursing facility?

Estimated length of need (# of months): 99 99 = lifetime: _____

Physician name (printed or typed): Dr. Wright

Address: 1 Anywhere Street, Anytown PA 12345

Phone: 724-555-1234 Fax: 724-555-1123

Physician Signature: [Signature]

Physician NPI: XXXXXXXXXX Date: 4/10/08