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Private Insurance:
Medicaid Medicare Self Pay
Policy #

DME/Enteral Nutrition Order Form

PATIENT INFORMATION - Order Date: Length of need (99 months = lifetime)
Patient Name: Date of Birth:
Address:
Diagnosis(ICD 10 Code): Phone #:

Please attach face sheet w/ patient demographics & insurance info
Please attach lab work, clinical notes and/or any other relevant documentation

ENTERAL NUTRITION - Product Name Calories Per Day Length of need
Method of Delivery - Pump Gravity Fed(Bags per month) Bolus(n/o Syringe per month)
If Pump is used, what is the administration rate? ml/hr x hr. Flush rate? ml/hr
IV Pole Feeding Bags (No. per month)

AMBULATORY DEVICES - Cane (E0100) Crutches (E0114) Quad cane (0105)
Walker up to 300 lbs (E0135) Wheels (E0143) 3 inches 5 inches
Extra Wide Walker 300-450 lbs (E0148) Heavy Duty Walker with Wheels >350 lbs (E0149)
Junior Walker with Wheels (E0143) Rollator with Seat and Wheels (E0143 & E0156)
HD Rollator with Seat and Wheels (E0149 & E0156)

WHEELCHAIRS: (up to 250 lbs) Standard (K0001) Light Weight (K0003) Transport <300 lbs (E1038)
Geri Chair (E0131) Heavy Duty Wheelchair 250-300 lbs (K0006 & K0007)
Heavy Duty Transport Chair >300 lbs (E0139)

Wheelchair Accessories: Elevating Leg Rests (K0195) Footrest (E1130)

BEDS: Semi-Electric Hospital Bed (E0260) Heavy Duty Full Electric 350-600 lbs (E0301)

Bed Accessories: Rails Half Rails Full Trapeze (E0910) Free Standing (E0940) HD Trapeze (E0912)
Patient/Hoyer Lift Maximum Capacity 450 lbs (E0630)

SUPPORT SURFACES: Alternating Pressure (E0181) Low Air Loss System (E0277) WOUND ASSESSMENT REQUIRED

Aids to Daily Living: Bedside Commode (E0163) Drop Arm Commode (E0165) HD Commode (E0168)

1. The patient is confined to a single room? Y or N
2. The patient is confined to one level of the home environment and there is no toilet on that level? Y or N
3. The patient is confined to the home and there are no toilet facilities in the home? Y or N
Shower Chair Back No Back (E0245) Medicaid only covers one without a back. Tub Transfer Bench (not covered)

DIABETIC SUPPLIES: Glucose Monitor Lancet/Test Strips Refill Per Month

Other DME:

PRESCRIBING PHYSICIANS INFORMATION

Physician Name: NPI:
Physician Signature: Date:
Physician Phone #: Fax #: