


## BATHROOM SAFETY STANDARD WRITTEN ORDER

 <p>Please fax to: Anchorage (907) 274-0773 Fairbanks (907) 458-8914 Soldotna (907) 260-3757 Wasilla (907) 357-7883 or email to: dme@procurehm.com</p>	<p><b>Patient Name, Address, Telephone &amp; Insurance ID#:</b></p> <p><b>Phone:</b> _____ <b>Ins ID#:</b> _____</p> <p><b>Patient DOB:</b> _____ <b>Sex:</b> _____ (M/F)</p>
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Refer to coverage criteria sheet for all required documentation.

### BATHROOM SAFETY ITEM:

Date of Last Visit: \_\_\_\_\_

Diagnosis and Code: \_\_\_\_\_

Length of Need (# of months) \_\_\_\_\_ 1-99 (99=lifetime) Patient Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

#### **Standard Equipment**

- Commode, Bedside (3 in 1), 350 lb max (E0163)
- Commode, Drop Arm, 300 lb max (E0165)
- Raised Toilet Seat (RTS), 300 lb max (E0244)
- Shower Chair/Bath Stool, 300 lb max (E0245)
- Toilet Safety Frame, 250 lb max (E0243)
- Tub Transfer Bench (TTB) 300 lb max (E0247)

#### **Bariatric Equipment**

- Commode, Bedside, Heavy Duty, 450 lb max (E0168)
- Commode, Drop Arm, Heavy Duty 650 lb max (E0168)
- Transfer Tub Bench (TTB), 500 lb max (E0248)
- Shower Chair / Bath Stool, 500 lb max (E0245)

#### **PROVIDER CERTIFICATION:**

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_