


## HOSPITAL BED/TRAPEZE 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>	<b>Patient Name, Address, Telephone &amp; Insurance ID #:</b>  
	<b>Phone:</b> _____ <b>Ins ID #:</b> _____ <b>Patient DOB:</b> _____ <b>Sex:</b> _____ <b>(M/F)</b>

Refer to Hospital Bed coverage criteria sheet for all required documentation.

**HOSPITAL BED:** \* all beds come standard w/half length rails. If full rails are needed please select under accessories

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

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

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

### Standard Equipment

Semi-Electric Hospital Bed w/rails, 350lb max  
with mattress (E0260)  
without mattress (E0261)

### Bariatric Equipment

Heavy Duty Hospital Bed w/rails, 600lb max  
with mattress (E0303)  
without mattress (E0301)

Extra HD Hospital Bed with rails and mattress, 750lb max (E0304)

### Accessories/Replacement Items:

Half Length, bedrails (E0305)  
Full Length, bedrails (E0310) \*not available for HD or extra HD beds  
Replacement Foam/Rubber Mattress (E0272)

### Trapeze

Trapeze Bar attached to Hospital Bed (E0910) up to 250lbs  
Trapeze Bar with Base (E0940) 250 lbs max  
Bariatric Trapeze Bar (E0912) 250-1000 lbs.

### 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: \_\_\_\_\_