


BATHROOM SAFETY STANDARD WRITTEN ORDER

	Please fax to: Anchorage (907) 274-0773 Fairbanks (907) 458-8914 Soldotna (907) 260-3757 Wasilla (907) 357-7883 or email to: dme@procarehm.com	Patient Name, Address, Telephone & Insurance ID#:	
		Phone: _____	Ins ID#: _____
		Patient DOB: _____	Sex: _____ (M/F)

Refer to coverage criteria sheet for all required documentation.

BATHROOM SAFETY ITEM:

Date of Last Visit: _____ Order Date: _____

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: _____