



Home Medical Equipment and Oxygen

450 State Route 664 North • P.O. Box 997 • Logan, Ohio 43138

Phone: (740) 385-6177 or 1-800-423-3615 • FAX: (740) 385-0474

242 W. 6th Ave. • Lancaster, Ohio 43130

Phone: (740) 652-9250 or 1-800-423-3625 • FAX: (740) 652-9253 |

Verification of Order Hospital Bed Order Form

Doctor's Fax #: _____ Total Pages: _____

Dear Doctor,

Date: _____

Below is the information confirming your order for a hospital bed for;

Patient Name _____ HIC# _____

Address _____ City _____ State _____ Zip _____

The clinical information has been provided to us by you; your staff;
hospital _____ included the following:

Date of Birth _____ Height _____ Weight _____

Diagnosis (including ICD-9 code) _____

Start Date _____ Date Patient Last Examined _____

HOSPITAL BED

Medical Justification

The patient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month, *OR*;

The patient requires, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed, *OR*;

The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or aspiration, *OR*;

The patient requires traction which can only be attached to a hospital bed.

The patient requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position. (*HCPC E0255, E0256, E0292, E0293*)

The patient requires frequent changes in body position and/or has an immediate need for change in body position. (*E0260, E0261, E0294, E0295*)

HEAVY-DUTY EXTRA-WIDE HOSPITAL BED, (HCPC E0301, E0303)

Patient weighs 350 lbs but less than or equal to 600 lbs.

EXTRA-HEAVY DUTY HOSPITAL BED, (E0302, E0304)

Patient's weight exceeds 600 lbs.

LENGTH OF NEED Lifetime 3 Months 6 Months Other _____

Physician Name _____ NPI _____

Physician Signature: _____ Date: _____

Please return this form by Fax to: _____ (740) 385-0474; _____ (740) 652-9253

Thank you very much for your referral.

HBmjf