



DME PRESCRIPTION FORM

Patient Name: _____ DOB _____

START DATE: _____ REFILLS: 12

DIAGNOSIS

ICD10 Codes Description

EQUIPMENT/SERVICES

*** Any Combination of T codes can be billed but only up to 200 units ***

Anything over the allowable listed below will need additional medical records and Insurance Authorization

Qty	Proc. Code and/or Item Description
200 Max	Diapers/Briefs any size (T4529, T4530, T4533, T4521, T4522, T4523, T4524, T4543)
200 Max	Pull Up any size (T4531, T4532, T4534, T4525, T4526, T4527, T4528, T4544)

Other: (product, Ref # and qty needed for coverage) : _____

150 Max	Underpads (A4554)
250 Max	Wipes (A5120)
4 Pks/Bx	Gloves any size (A4927)
200 Max	Disposable Liner/Shield/Pads (T4535)

PHYSICIAN ATTESTATION:

I certify with my signature that I am the physician named below. The information contained on this Written Order is true and complete to the best of my knowledge. This patient was evaluated by me and treated for the condition as stated above. The patient's medical record accurately contains documentation to support medical need and utilization of the supplies prescribed by me. **This order for supplies is reasonable and necessary for the diagnosis and treatment of the patient's illness.** The patient and/or caregiver has been trained on the proper use of the supplies and is capable of following these instructions. A copy of this signed order will be maintained on file as part of the patient's medical record and made available to Medicaid or other Insurance for post payment review or audits.

PHYSICIAN NAME: _____ NPI # _____ PHONE # _____

PHYSICIAN SIGNATURE _____

Instructions for Referral Submission

Fax or email completed form along with the documents listed below

- Patient Face Sheet (containing current demographics and insurance)
- Medical Record (must include Diagnosis codes) with in last 30 days that confirms need for supplies based on condition

PH# 877-748-1977 Ext 7 FAX# 877-748-1985

Last update 02/05/2024