HealthCare
Pharmacy Services

Phone: 859.218.5363
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UK DME Fax Order Form

740 S Limestone, K126 Lexington, KY 40536

PATIENT INFORMATION

Order Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

DME Fax Order Form

Medicare has implemented the requirement for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item **AND:** 1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI 5) WOPD

DURABLE MEDICAL EQUIPMENT

Diagnosis _____ Height _____ Weight _____ Length of Need _____

******Please note this is not an exhaustive list; for additional items, please use the Other DME section below******

Ambulatory Devices:
- ☐ Cane (E0100)
- ☐ Crutches (E0114)
- ☐ Quad cane (0105)
- ☐ Walker up to 300 lbs (E0135)
- ☐ Wheels (E0143):
  - ☐ 3 inches ☐ 5 inches
- ☐ Extra Wide Walker 300-450 lbs (E0148)
- ☐ Heavy Duty Walker with Wheels >350 lbs (E0149)
- ☐ Junior Walker with Wheels (E0143)
- ☐ Rollator with Seat and Wheels (E0143 & E0156)
- ☐ HD Rollator with Seat and Wheels (E0149 & E0156)

Wheelchairs: (up to 250 lbs)
- ☐ Standard (K0001)
- ☐ Light Weight (K0003)
- ☐ Heavy Duty Wheelchair 250-300 lbs (K0006 & K0007)
- ☐ Heavy Duty Transport Chair >300 lbs (E0139)

Wheelchair Accessories:
- ☐ Elevating Leg Rests (K0195)
- ☐ Footrest (E1130)

Respiratory:
- ☐ Nebulizer (E0570)
- ☐ CPAP (E0601)
- ☐ BiPAP (E0601)

Wound Care:
- ☐ Please specify product in Other DME space below

Ortho:
- ☐ Please specify product in Other DME space below

Aids to Daily Living:
- ☐ Bedside Commode (E0163)
- ☐ Drop Arm Commode (E0165)
- ☐ HD Commode (E0168)
- ☐ Shower Chair (E0245)
  - ☐ Back ☐ No Back

Medicaid only covers one without a back

- ☐ Tub Transfer Bench (not covered item)

Other DME:_____

_____

PRESCRIBING PROVIDER INFORMATION

Provider Name: _____ NPI: _____

Provider Signature: _____ Date: _____

Provider Phone #: _____ Fax #: _____

STATEMENT OF CONFIDENTIALITY
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