

# 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
- ☐ Crutches
- ☐ Quad cane
- ☐ Walker up to 300 lbs
- ☐ Wheels
  - ☐ 3 inches ☐ 5 inches
- ☐ Extra Wide Walker 300-450 lbs
- ☐ Heavy Duty Walker with Wheels >350 lbs
- ☐ Junior Walker with Wheels
- ☐ Rollator with Seat and Wheels
- ☐ HD Rollator with Seat and Wheels

**Wheelchairs: (up to 250 lbs)**

- ☐ Standard
- ☐ Light Weight
- ☐ Heavy Duty Wheelchair 250-500 lbs
- ☐ Heavy Duty Transport Chair >300 lbs

**Wheelchair Accessories:**

- ☐ Elevating Leg Rests
- ☐ Footrest

**Respiratory:**

- ☐ Nebulizer
- ☐ CPAP
- ☐ BiPAP

**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
- ☐ Drop Arm Commode
- ☐ HD Commode
- ☐ Shower Chair
  - ☐ 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**

The contents of this fax and any attachments are confidential and are intended solely for intended recipient(s). The information contained may also be legally privileged. It may also contain protected health information, patient safety work product, personally identifiable information, or personal information protected from disclosure under federal or state law. If you have received this email in error, any use, reproduction, or dissemination of this email is strictly prohibited. If you are not the intended recipient, please immediately notify the sender, contact the Chief Privacy Officer at (859) 323-1184 and delete this message and its attachments, if any. Receipt by anyone other than the intended recipient is not a waiver of any legal privilege or protection from disclosure.