HealthCare
Pharmacy Services

Phone: 859.218.5363
Fax: 859.376.1143
Website: www.ukdme.org

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 (Include Code) _____ 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 (Non-Billed Item)*
- ☐ Quad Cane (Non-Billed Item)*
- ☐ Cane
- ☐ Walker up to 300 lbs
- ☐ Walker with Wheels up to 300 lbs
- ☐ Bariatric Walker 300-450 lbs
- ☐ Bariatric Walker with Wheels >350 lbs
- ☐ Junior Walker with Wheels
- ☐ Rollator with Seat and Wheels
- ☐ Bariatric Rollator with Seat and Wheels

Walker/Rollator Special Order:
- ☐ Walker/Rollator (Above 6' 2")

Wheelchairs:
- ☐ Standard
- ☐ Light Weight
- ☐ Bariatric Wheelchair 300-500 lbs
- ☐ Bariatric Transport Chair >300 lbs

Wheelchair Accessories:
- ☐ Elevating Leg Rests
- ☐ Footrest
- ☐ Wheelchair Cushion

Aids to Daily Living:
- ☐ Bedside Commode
- ☐ Drop Arm Commode
- ☐ Bariatric Commode
- ☐ Shower Chair (Non-Billed Item)*
  - ☐ Back ☐ No Back
- ☐ Tub Transfer Bench (Non-Billed Item)*

****For Wound Care or Respiratory orders, please use the Wound Care or Respiratory Order Forms located at ukdme.org**

Other DME Not Listed Above: _____

_____

PRESCRIBING PROVIDER INFORMATION

Provider Name: _____ NPI: _____

Provider Signature: _____ Date: _____

Provider Phone #: _____ Fax #: _____

Contact Name: _____ Contact Phone #: _____

*UKDME <u>does not</u> bill insurance for **any** of the following items: canes, transfer benches, shower chairs, raised toilet seats, compression hosiery, and any other non-covered item.