CAROLINA'S HOME MEDICAL EQUIPMENT INCORPORATED

NAME OF FACILITY: _____
REFERRAL CONTACT: _____ PHONE: _____

Account Executive - Ashley Kemp; Phone (704) 564-6982; Office (704) 846-7503; Fax (704) 846-7911

Manual Wheelchair Detailed Written Order Prior to Delivery (DWOPD)

PATIENT'S NAME: _____ PHONE: _____

PATIENT'S HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: _____

SNF/REHAB/HOSPITAL DISCHARGE DATE: _____

PRIMARY CARE PHYSICIAN'S NAME: _____

DIAGNOSIS: _____

The items listed below REQUIRE office visit notes & a physician's SIGNED order prior to delivery.

Please check one:

Seat Size:
Width: _____ Depth: _____
Seat to Floor: _____

- □ STANDARD WHEELCHAIR (K0001)
- □ STANDARD HEMI WHEELCHAIR (K0002)
- □ LIGHTWEIGHT WHEELCHAIR (K0003)
- □ HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR (K0004)
- □ HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS BETWEEN 251-300LBS) (K0006)
- □ EXTRA HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS OVER 301LBS) (K0007)
- □ TRANSPORT CHAIR

Usual and Customary Manual Wheelchair Accessories - Please check all that apply and justify in your patient notes

SEAT AND BACK CUSHIONS:

- □ GENERAL USE SEAT CUSHION (E2601)
- □ GENERAL USE SEAT CUSHION WIDTH 22" OR GREATER (E2602)
- □ SKIN PROTECTION SEAT CUSHION (E2603)
- □ SKIN PROTECTION SEAT CUSHION WIDTH 22" OR GREATER (E2604)
- □ POSITIONING SEAT CUSHION (E2605)
- □ POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2606)
- □ SKIN PROTECTION & POSITIONING SEAT CUSHION (E2607)
- □ SKIN PROTECTION & POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2608)
- □ GENERAL USE BACK CUSHION (E2611)
- □ GENERAL USE BACK CUSHION WIDTH 22" OR GREATER (E2612)

Basic Accessories

- □ ADJUSTABLE HEIGHT ARMS - LENGTH: DESK FULL
- □ ANTI-TIPPERS
- □ HEEL LOOPS (BASIC FOOTREST)
- □ WHEEL LOCK (BRAKE) EXTENSIONS
- □ SEAT TO FLOOR HEIGHT LESS THAN 17" (K0056)

Additional Accessories

- □ ARM TRAY - HALF FULL
- □ ARM TROUGH - R L BOTH
- □ HARDWARE FOR ARM TROUGH
- □ ARTICULATING ELEVATING LEG RESTS - R L BOTH
- □ ELEVATING LEG REST - R L BOTH
- □ RECLINING BACK, FULLY MANUAL, with ELEVATING LEG RESTS
- □ SAFETY BELT
- □ SEAT WIDTH 20 ≥ 24"
- □ STUMP PAD/RESIDUAL LIMB SUPPORT - R L BOTH

Per Medicare guidelines, each item checked above MUST be justified in your face-to-face notes.

Physician's Printed Name: _____ **Length of Need:** _____

Physician's Signature: _____ **Signature Date:** _____

NPI# _____ **Start/Date of Order*:** _____

Co-signing Physician may use billing code G0454 for cosigning face-to-face documentation.
SUBSTITUTION PERMITTED TO PROVIDE QUALIFYING SERVICE
*** - MUST have date of order (or start date) in addition to physician's signature date.**