CAROLINA'S HOME MEDICAL EQUIPMENT INCORPORATED

NAME OF FACILITY: ____________________
REFERRAL CONTACT: ____________ PHONE: ____________

Account Executive - Jason Barbee; Phone (704) 288-6394; Office (704) 846-7503; Fax (704) 846-7911

Complex Rehabilitation Technology Order Form

PATIENT'S NAME: ______________________________ PHONE: ______________

PATIENT'S HEIGHT: __________ WEIGHT: __________ DATE OF BIRTH: ______________

SNF/REHAB/HOSPITAL DISCHARGE DATE (if applicable): ______________________________

HOME HEALTH INVOLVED IN PATIENT'S CARE (if applicable): ______________________________

HOME HEALTH PHONE NUMBER: ______________________________

DIAGNOSIS: ______________________________

INSURANCE -

Primary Insurance Name: ______________________ **Policy #**______________________

Secondary Insurance Name: ______________________ **Policy #**______________________

EQUIPMENT NEEDED: (please check items)

□ POWER WHEELCHAIR (Group 2 Single Power, Group 3, and Group 4)
□ MANUAL WHEELCHAIR (Ultra Lightweight Manual Wheelchair, K0005)
□ TILT IN SPACE MANUAL WHEELCHAIR (E1161)
□ CUSTOM PEDIATRIC WHEELCHAIR

Try our QR code to complete online!

(Save as a bookmark for next time!)

□ BATH CHAIR* □ STANDER*
□ ACTIVITY CHAIR* □ GAIT TRAINER*
□ CAR SEAT* □ PEDIATRIC SPECIALTY BED*
* = Patient MUST have Medicaid as primary or secondary insurance.

□ VEHICLE LIFT □ PORTABLE RAMP
□ STAIR LIFT □ HOME ACCESS RAMP
□ CEILING LIFT

The above items require an evaluation with a PT or OT, which we will coordinate. By signing the form, you agree to have a Physical OR Occupational Thereapist evaluate and treat for mobility needs in either a wheelchair seating clinic or by home health.

Name of Referring Physician (Print): ______________________ **Length of Need:** ______________

Physician's Signature: ____

NPI: ______________________ **Start/Date of Order*:** ______________

SUBSTITUTION PERMITTED TO PROVIDE A QUALIFYING SERVICE.

*** - MUST have start/date of order**

Please send demographics, and recent patient office visit notes (if available) with the order.

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