

Account Executive -Taylor Pigg - Phone (704) 441-5811; 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:

- STANDARD WHEELCHAIR (K0001)
- STANDARD HEMI WHEELCHAIR (K0002)
- LIGHTWEIGHT WHEELCHAIR (K0003)
- HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR (K0004)
- ULTRA LIGHTWEIGHT WHEELCHAIR (K0005)
- HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS BETWEEN 251-300LBS) (K0006)
- EXTRA HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS OVER 301LBS) (K0007)
- TRANSPORT CHAIR

Seat Size: Width: _____ Depth: _____ Seat to Floor: _____
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Usual and Customary Manual Wheelchair Accessories - Please check all that apply and justify in your patient notes

SEAT AND BACK CUSHIONS:

- | | |
|--|--|
| <input type="checkbox"/> GENERAL USE SEAT CUSHION (E2601) | <input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION (E2607) |
| <input type="checkbox"/> GENERAL USE SEAT CUSHION WIDTH 22" OR GREATER (E2602) | <input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2608) |
| <input type="checkbox"/> SKIN PROTECTION SEAT CUSHION (E2603) | <input type="checkbox"/> SKIN PROTECTION SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2622) |
| <input type="checkbox"/> SKIN PROTECTION SEAT CUSHION WIDTH 22" OR GREATER (E2604) | <input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2624) |
| <input type="checkbox"/> POSITIONING SEAT CUSHION (E2605) | <input type="checkbox"/> GENERAL USE BACK CUSHION (E2611) |
| <input type="checkbox"/> POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2606) | <input type="checkbox"/> 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" OR GREATER THAN 21" (K0056)
- SEAT DEPTH 20", BUT LESS THAN 22" (E2203)
- SEAT DEPTH 22" - 25" (E2204)

Additional Accessories

- ARM TRAY - HALF FULL (with HARDWARE)
- ARM TROUGH - R L BOTH (with HARDWARE)
- 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", BUT LESS THAN 24" (E2201)
- SEAT WIDTH 24"-27" (E2202)
- 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: _____

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 start/date of order