

Lake County Physicians' Association

DME EXPRESS

24 HOUR REFERRAL LINE (630) 530 9777

Fax (630)832 9777 (Mon-Fri 8:30 – 5:00)



Medical Necessity Statement

Patient Name:	Insurance Name:		
	Policy #:	Group #:	
Address	City	State	Zip
Home Phone #:	Height	Weight	
Alt Phone #:			
Date of Birth	Diagnosis		
Physician Information	Order faxed by:		
Physician Name Printed:	Special Instructions:		
Physician Signature & Date	Equipment Length of need 1- 99 _____		
NPI #			

Respiratory Products

- CPAP (attach current sleep study w/titration) @ _____ CMH20 with mask, tubing, headgear and heated humidity
- BIPAP (attach current sleep study w/titration) @ _____ CMH20 IPAP pressure and _____ CMH20 EPAP pressure with mask, tubing, headgear and heated humidity
- Oxygen @ _____ lpm Bled into CPAP or BIPAP Test Date _____ SaO2 on Ra @ rest _____ w/exer _____ onO2 w/exer _____
- Nebulizer Set Up (Equipment only NO Medications Provided) Medication _____ Frequency _____
- Oral Suction Machine & Supplies
- Trach Set Up & Supplies (attach specific list of Trach supplies needed)
- Oxygen @ _____ lpm _____ hours/day via nasal cannula Test Date _____ SaO2 on Ra @ rest _____ w/exer _____ onO2 w/exer _____
- RT to evaluate patient for Home Fill / Oxygen Conserving Device (attach Dr's order)

Ambulatory Aids

- Straight Cane Quad Cane – Small Base Quad Cane – Large Base Sidestepper Cane Crutches
- Folding Walker Walker w/ 3" wheels Walker w/ 5" wheels Hemi/Stroke Walker
- Platform Attachment for Walker (indicate which side: right or left) _____
- Standard Wheelchair Footrests for Wheelchair Elevating Leg Rests for Wheelchair
- Evaluate patient for power wheelchair (done by ATS) Evaluate patient for Custom Manual Wheelchair

Enteral Nutrition

- Feeding Pump & Supplies Gravity Feeding & Supplies Bolus Feeding and Supplies
- Is the patient NPO? _____

*** attach feeding orders as well as calorie count per day & food to be used ***

Durable Medical Equipment

- Hospital Bed semi-electric w/ Rails & std mattress Gel Over –Lay Mattress Alternating Pressure Pad
- Low Air Loss Mattress Hoyer/ Patient Lift with Sling Trapeze Bar and Base
- Commode - 3 in 1 Commode - drop arm (room bound patients) Other _____

Contact – Giovanni Portogallo (847) 567-4580 regarding any DME questions
All durable medical equipment listed above covered for one year from beginning service date.
This authorization does not include equipment not listed on this form.