

TOWSON MEDICAL EQUIPMENT

1844 E Joppa Rd, BALTIMORE, MD 21234
2923 Olney Sandy Spring Rd, OLNEY, MD 20832

(410) 882-4005 / (410) 882-0056 FAX
(301)774-8200

Semi Electric Hospital Bed

Included in this package:

- A semi electric frame (head, feet = electric)
- Bed rails (half length or full length)
- Mattress

If the patient has MEDICARE only (Part B):

Please note that this is a rental for 13 months

Please expect a co-pay of \$15.75

Included in the Required Paperwork Packet:

- 1- A detailed written order
- 2- A face to face form
- 3- A list of what Medicare requires be addressed in chart notes

*All paperwork must be completed by same provider.

*Provider must be PECOS certified

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FACE TO FACE FORM

PATIENT: _____ DOB: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ , _____

PHONE: () - _____ SOCIAL SECURITY #: xx

EFFECTIVE DATE: _____

ICD-10 DIAGNOSIS CODES: _____

ICD-9 DIAGNOSIS CODES: _____

DATE OF FACE-TO-FACE EXAMINATION: _____

DESCRIPTION OF ITEM: _____

LENGTH OF NEED: _____ (99 = lifetime)

I, the undersigned, certify that the above prescribed items are medically necessary as part of my treatment plan for this patient and have not been prescribed as a convenience.

PHYSICIAN:

ADDRESS: _____

CITY, STATE, ZIP: _____ , _____

PHONE: () - _____ FAX: () - _____

NPI #:

SIGNATURE: _____ DATE: _____

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INSURANCE REQUIRED DOCUMENTATION

PLEASE PROVIDE CHART NOTES (NOT THIS SHEET) THAT ADDRESS ALL OF THE FOLLOWING THAT APPLY:

1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. **Note:** Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. **OR**
2. The patient requires positioning of the bed in ways not feasible with an ordinary bed in order to alleviate pain. **OR**
3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration, **OR**
4. The patient requires traction equipment, which can only be attached to a hospital bed.

AND

5. The patient requires frequent changes in body position and/or has an immediate need for a change in body position