

Power Mobility Device – 8 Element Written Order

*NOTE: Medicare requires that **ALL 8 elements must be handwritten** by the ordering practitioner.

*NOTE: All corrections must be initialed and dated (white-out/correction tape is NOT permitted).

Beneficiary/
Patient Name:

Equipment
Ordered:

Date of Face-to-Face Mobility
Examination:

Diagnosis/Condition
Relating to the need for item:

ICD-10 CODE

DIAGNOSIS

	ICD-10 CODE	DIAGNOSIS
Weight	_____	_____
Height:	_____	_____
(To select the appropriate equipment)	_____	_____
	_____	_____
	_____	_____

Length of Need:

of months

_____ (99 = lifetime)

Physician's Signature
& NPI Number

No Signature Stamps

NPI #

Physician Printed Name

Date of Physician's Signature

Date of Signature

We cannot accept any edits or corrections to the prescription, as per the Medicare requirements listed below:

"If a supplier believes the prescription is inadequate, it should send it back to the physician or treating practitioner or call the physician or treating practitioner and request that the physician or treating practitioner send a new prescription."