

CERTIFICATE OF MEDICAL NECESSITY

Rollator w/Seat or Barriatric >300lbs Order Form

Referral Source: _____

Referral Source Phone: _____

PATIENT INFORMATION

Last Name: _____

First Name: _____

Address: _____

City: _____ State: Illinois Zip code: _____

Phone Number: (_____) _____

Sex: Female _____ Male _____

Birth Date: ____/____/____

Height: _____ Weight: _____

DIAGNOSIS INFORMATION

Primary : _____

Secondary: _____

INSURANCE INFORMATION

Medicare Number: _____

Medicaid Recipient Number: _____

Private Insurance Number: _____ Group Number: _____

PRODUCT(S) REQUESTED

 *Rollator w/Seat *Barriatric Rollator > 300lbs

* are covered if all of the following criteria (1-3) are met:

The patient's medical records must contain the following information:

1. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.

A mobility limitation is one that:

- Prevents the beneficiary from accomplishing the MRADL entirely, or
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
- Prevents the beneficiary from completing the MRADL within a reasonable time frame; and

2. The beneficiary is able to safely use the walker; and

3. The functional mobility deficit can be sufficiently resolved with use of a walker.

If all of the criteria are not met, the walker will be denied as not reasonable and necessary.

Length of Need: _____ (1-99 Months) 99=Lifetime

PHYSICIAN INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number:(_____) _____

NPI: _____

I, the undersigned, certify that the above prescribed Durable Medical Equipment/Supplies are medically necessary as a part of my treatment for this patient. In my opinion, the equipment/item(s) prescribed are reasonable and necessary for the accepted standards of medical practice and treatment in patient's condition.

Physician Signature: _____ Date: ____/____/____