

Physicians Mobility Order Form

Crutches (E0114)	Patients Name		Start Date:		
Mobility Aides	Address:		City:	State:	Zip:
Mobility Aides Crutches (E0114)	HT: WT:	DOB			
Crutches (E0114)	Insurance #1:				
□ Walker w/Wheels (E0143) □ Heavy Duty Walker (E0148) □ Heavy Duty Walker W/Wheels (E0149) □ Rollator walker W/Seat (E0143) & (E0156) □ Rollator Heavy Duty Walker W/Seat (E0147) & (E0156) □ Hemi Walker (E0135) □ Platform Attachment (E0154) □ Crutch Attachment (E0157) Wheelchair Wheelchair STD (K0001) □ Wheelchair Hemi (K0002) □ Wheelchair Light Weight (K0003) □ Wheelchair Light High Strength (K0004) □ Wheelchair HD (K0006) □ Wheelchair Extra HD (K0007) □ Transport Wheelchair (E1038) □ Reclining Wheelchair (E1226) Accessories □ □ Cushion Back (E2601) □ Cushion Seat (E2611) □ Cushion Seat (E2611) □ Cushion Seat (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ State: □ Physician or FNP Name: □ Address: □ City: □ State: □ Phone: □ Fax: □ State: □ City: □ Fax: □ City: □ Fax: □ State: □ City: □ Fax: □ Stat	Mobility Aides				
Rollator walker W/Seat (E0143) & (E0156) Rollator Heavy Duty Walker W/Seat (E0147) & (E0156) Rollator walker (E0135) Platform Attachment (E0154) Crutch Attachment (E0157) Wheelchair	☐ Crutches (E0114) ☐	☐ Cane (E0100) ☐ Quad Cane (E0105) ☐ Walker (pick-up) (E0135)			
□ Hemi Walker (E0135) □ Platform Attachment (E0154) □ Crutch Attachment (E0157) Wheelchair □ Wheelchair STD (K0001) □ Wheelchair Hemi (K0002) □ Wheelchair Light Weight (K0003) □ Wheelchair Light High Strength (K0004) □ Wheelchair HD (K0006) □ Wheelchair Extra HD (K0007) □ Transport Wheelchair (E1038) □ Reclining Wheelchair (E1226) Accessories □ ELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) □ Ant tippers (E0971) □ Brake Extensions (E0961) □ Cushion Back (E2601) □ Cushion Seat (E2611) □ Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: LON: Physician or FNP Name: Address: City: Fax: State: ZIP Phone: Fax: State: ZIP Phone: Fax: LON: Fax: LON:	☐ Walker w/Wheels (E0143) 🔲 Heavy Du	ity Walker (E0148)	☐ Heavy Duty Wa	alker W/Wheels (E0149)
Wheelchair Wheelchair STD (K0001)	☐ Rollator walker W/Seat (E	E0143) & (E0156)	☐ Rollator Hea	vy Duty Walker W/S	Seat (E0147) & (E0156)
□ Wheelchair STD (K0001) □ Wheelchair Hemi (K0002) □ Wheelchair Light Weight (K0003) □ Wheelchair Light High Strength (K0004) □ Wheelchair HD (K0006) □ Wheelchair Extra HD (K0007) □ Transport Wheelchair (E1038) □ Reclining Wheelchair (E1226) Accessories □ ELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) □ Ant tippers (E0971) □ Brake Extensions (E0961) □ Cushion Back (E2601) □ Cushion Seat (E2611) □ Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ Heel Loops for Footrest (E0951) *Address: □ City: □ Fax: □ Fax: □ Fax: □ Phone: □ Fax: □ Fa	☐ Hemi Walker (E0135)	☐ Platform Attach	nment (E0154) 🔲 Cr	utch Attachment (E	0157)
□ Wheelchair Light High Strength (K0004) □ Wheelchair HD (K0006) □ Wheelchair Extra HD (K0007) □ Transport Wheelchair (E1038) □ Reclining Wheelchair (E1226) Accessories □ ELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) □ Ant tippers (E0971) □ Brake Extensions (E0961) □ Cushion Back (E2601) □ Cushion Seat (E2611) □ Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ Physician or FNP Name: □ Address: □ City: □ Fax: □ Phone: □ Fax: □ Phone: □ Fax: □ Contact Fax: □ City: □ Fax: □ Contact City: □ Fax: □ City: □ Fax: □ Contact Contact Contact City: □ Fax: □ City: □ City: □ Fax: □ City: □ C	Wheelchair				
Transport Wheelchair (E1038) Reclining Wheelchair (E1226) Accessories DELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) Delta - Right - Left - Bilateral (Circle one) (E0971) Delta - Right - Left - Bilateral (E0971) D	☐ Wheelchair STD (K0001)	☐ Wheelcha	air Hemi (K0002)	☐ Wheelchair	ight Weight (K0003)
Accessories □ELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) □Brake Extensions (E0961) □Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ Physician or FNP Name: □ City: □ Fax: □ Phone: □ Fax:	☐ Wheelchair Light High Str	ength (K0004)	☐ Wheelchair HD (K000	6) 🗖 Wheelchair	Extra HD (K0007)
□ELR's - Right - Left - Bilateral (Circle one) (E0990) (K0195) □Ant tippers (E0971) □Brake Extensions (E0961) □ Cushion Back (E2601) □ Cushion Seat (E2611) □Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ LON: □ Physician or FNP Name: □ City: □ State: □ Fax: □ Fax: □ Fax: □ City: □ City: □ Fax: □ City: □	☐ Transport Wheelchair (E1	.038) 🗖 Reclining	Wheelchair (E1226)		
□ Brake Extensions (E0961) □ Cushion Back (E2601) □ Cushion Seat (E2611) □ Adjustable Arm Rest (E0973) □ Seat Belt (E0978) □ Heel Loops for Footrest (E0951) *Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: □ LON: □ City: □ State: □ Fax: □ Fax: □ Fax: □ Fax: □ Fax: □ City: □ City: □ Fax: □ City: □ Fax: □ City: □ City: □ Fax: □ City: □ Cit	Accessories				
Adjustable Arm Rest (E0973)	□ELR's - Right - Left - Bilate	ral (Circle one) (E	0990) (K0195)	☐Ant tippers	(E0971)
*Qualifications and required documentation to be noted in Face to Face charts notes to from Physician ICD10: LON: Physician or FNP Name: Address: City:, State: ZIP Phone: Fax:	☐Brake Extensions (E0961) ☐ C		Cushion Back (E2601)	☐Cushion Seat (E2611)	
ICD10: LON: Physician or FNP Name:	☐Adjustable Arm Rest (E097	73)	Seat Belt (E0978)	☐ Heel Loops f	or Footrest (E0951)
Physician or FNP Name:	*Qualifications and require	d documentation	to be noted in Face to F	ace charts notes to	from Physician
Address:	ICD10:		LON:		
Address:	Physician or FNP Name:				
ZIP Phone: Fax: Fax:			City:		
NPI #:	ZIPPhone:		Fax:		
	NPI #:		-		
Physician or FNP Signature:Date:	Physician or FNP Signatur	e:		Date:	