



Hospital Bed
Written Order Prior to Delivery (WOPD)

Prism Health Care Services, Inc.
1337 Basswood Road
Schaumburg, IL 60173-4353
Phone: 847-310-4730 \*3
Fax: 872-469-1673

Order Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Diagnosis: [1] \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_

Select a bed based on description and need.

- Fixed Height Hospital Bed (E0250) [ ] Manually adjust head and leg elevation. Height adjustment is not needed.
Variable Height Hospital Bed (E0255) [ ] Manually adjust height, head, and leg elevation.
Semi-Electric Hospital Bed (E0260) [ ] Manually adjust height, electric head and leg elevation adjustments.
Heavy Duty Hospital Bed (E0303) [ ] Electric height, head, and leg adjustments, supports a patient weighing more than 350 lbs. up to 600 lbs.

PLEASE SUBMIT THIS FORM ALONG WITH A FACE TO FACE, AND CLINICAL NOTES, i.e. doctors, progress, nurses, occupational therapy, and physical therapy notes. The notes must include diagnosis and the need for the equipment. Also, it is required that the date of this form is the same or after the date on the Clinical Notes and Face to Face.

The following criteria must be met for the above selected item to be covered, (this information has been obtained from the Medicare Policy)

Coverage Criteria

Table with 3 columns: Qualifications, Number, and Description. Rows include Fixed Height (1-4), Variable Height (\*), Semi-Electric (\*), and Heavy Duty (\*).

If the criteria are not met, or proper documentation is not received the hospital bed will be denied as not medically necessary.

Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I certify that I am the treating physician identified on this form. Any statement on my letterhead attached here to, has been reviewed and signed by me. I certify that the medical necessity information on this form is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.