Frontier Home Medical

www.FrontierHomeMedical.com

Our family helping yours.

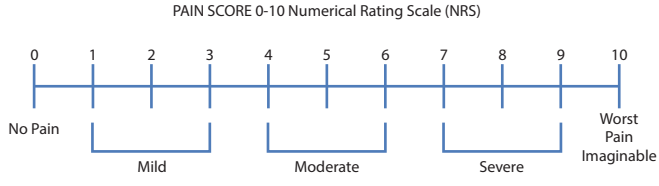
VER. 1.25

POWER MOBILITY DOCUMENTATION REQUIREMENTS

Patient Name: _____

Medicare law requires that patients have a face-to-face examination by the treating physician within 6 months of delivery of the equipment in order to determine if a power mobility device is necessary. Medicare requires that this information be documented in the patient's chart in the same format that is used for other entries.

1. What is the patient's diagnosis and how does it interfere with their mobility limitations? *(This may include his or her ability to complete the activities of independent daily living in the home; for example hygiene, toileting, cooking, etc.)*
2. Pace and distance of ambulation without stopping. Note levels of balance and coordination.
3. That an appropriately fitted cane or walker was trialed and failed to meet the patient's needs within the home.
4. That an "OPTIMALLY configured lightweight wheelchair" was trialed and failed to meet the patient's needs within the home.
5. Patient's height and weight.
6. Does the patient have the mental and physical ability to operate a power mobility device?
7. What is the patient's pain rating? Are there impairments in the range of motion in the arms and/or legs?



Custom wheelchairs may require a therapy evaluation.
Contact Frontier's rehab team at 308.784.3061 to discuss custom wheelchair options and requirements.

E-PRESCRIBE: Frontier Home Medical makes ordering equipment easier with electronic ordering through Parachute. Visit our website *(FrontierHomeMedical.com)* to learn more about Parachute and get started with electronic ordering.

FAX PRESCRIPTION & FACE-TO-FACE NOTES TO THE LOCAL FRONTIER BRANCH.

If you have any questions or concerns, please contact Frontier Home Medical. Thank you for your cooperation!

Cozad	Omaha	McCook	North Platte	Kearney	Lincoln	Grand Island
304 W 8th Street	8425 F St, Ste A	708 E B Street	601 S Dewey St., Ste. 3	3813 2nd Ave	4550 O St.	225 N Webb Rd, Ste 2
Cozad, NE 69130	Omaha, NE 68127	McCook, NE 69001	North Platte, NE 69101	Kearney, NE 68847	Lincoln, NE 68510	Grand Island, NE 68803
888.326.3818	877.714.2500	888.345.2068	308.532.2078	877.234.3532	877.465.0033	877.727.6222
fax: 308.784.3061	fax: 402.614.2550	fax: 308.345.6921	fax: 308.532.2088	fax: 308.234.4245	fax: 402.465.0055	fax: 308.384.4923