

PEORIA SPECIALTY, INC.
8703 E N. UNIVERSITY ST
PEORIA, IL 61615
PHONE 309-693-4459
FAX 309-693-5801

PHYSICIAN ORDER
SKIN PROTECTION AND POSITIONING WHEELCHAIR CUSHION

PATIENT NAME: _____

PATIENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

ESTIMATED LENGTH OF NEED: _____ (LIFETIME = 99)

DIAGNOSIS: _____

TYPE OF WHEELCHAIR CUSHION: E2624 **ROHO** Wheelchair Cushion

Suppliers Charges \$568.00

Medicare Allowable: \$350.90

The information below my NOT be completed by the supplier or anyone in a financial Relationship with the supplier:

- | | | |
|---|---|---|
| Y | N | 1. Is there a past history of or a current pressure Ulcer in the area of contact with the seating surface? ; Or |
| Y | N | 2. Is their absent or impaired sensation in the area of contact with the seating surface? ; Or |
| Y | N | 3. Is the patient unable to carry out a functional weight shift; and |
| Y | N | 4. Does the patient have significant postural asymmetries? ; And |
| Y | N | 5. Does the patient have a wheelchair and meet Medicare's coverage for it? |

If none of the above applies attach a separate sheet documenting medical necessity for the item ordered.

Physician name (printed or typed): _____ Physician's NPI: _____

Physician's signature: _____

Date Signed: _____