



Office: 336-602-1668 Fax: 866-211-2286

2255 Lewisville Clemmons Road
Suite F
Clemmons, NC 27012

Patient Information

Patient Name: _____ Date of Order: ____/____/____

Patient Phone Number: (____) _____ Date of Birth: ____/____/____

Diagnosis(s): _____

ICD10 Code(s): _____

Power Wheelchairs

Height - _____ Weight - _____

- ☐ K0821 – Portable, Captains Chair, Patient Weight Capacity Up to and Including 300 pounds
- ☐ K0822 – Sling/Solid Seat/Back, Patient Weight Capacity Up to and Including 300 pounds'
- ☐ K0823 – Captains Chair, Patient Weight Capacity Up to and Including 300 pounds
- ☐ K0824 – Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 to 450 pounds
- ☐ K0825 – Heavy Duty, Captains Chair, Patient Weight Capacity 301 to 450 pounds

Accessories

- ☐ K0195 – Elevating Leg Rests
- ☐ E0978 – Seat Belt
- ☐ E0971 – Anti-Tippers

☐ OTHER _____

I certify that the items listed above are medically necessary for the treatment of the patient for the above condition.

Provider Name (Print): _____ Phone #: (____) _____

Provider Signature: _____ Date: ____/____/____

Provider NPI: _____

Fax this form to 866-211-2286 with the following: 1. Clinical notes with diagnosis 2. Patient demographics 3. Copy of patient insurance card

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