Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form

See instructions for completing Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. This order form cannot be accepted beyond 90 days from the date of the physician's signature. Fax completed form to 1-512-514-4209.

	-	l Durable Medic										
This section	n was completed	d by (check one): \square f	Requesting Physi	ician	□ Supplier	1						
Client name:						Client date of birth: / /						
Client Medicaid number:						Is client under 21 years of age? YES NO						
Supplier na	ame: Ortiz Pharm	nacy	Supplie	er address: 251	5 Castroville R	Rd.						
Supplier telephone: (210) 432-2361			Supplier Fax: (210) 434-0907 Supplier TPI					:				
Supplier NI	PI:		Supplier Taxonomy:				Supplier Benefit Code:					
QRP name:			QRP TPI:			QRP NPI:						
Physician n	name:		Physician telephone: Physician Fax:									
-		being supplied und								-	and	
prescription	on. The prescrib	ed items are appro	priate and can	safely be used	d in the client'	s home	when use	d as pr	escribed	•		
DME/medi	cal supplies prov	vider representative :	signature:				Date:	/	/			
		vider representative		1	Pebra Zapat							
ltem Number	HCPCS Code	Descript			Price	Prior		Beyond		_	Custom	
Number		DME/m supp				authorization required?		quantity limit? ¹		item?¹		
1		зарр	iies			пΥ	_ N	пΥ	□ N	υΥ	□ N	
2						Y	□N		_ N	Y	_ N	
3						□ Y	□ N	□ Y	□ N	□ Y	□ N	
4						□Y	□ N	□Y	□ N	□ Y	□ N	
1. If "Yes,"	additional docu	mentation must be p	provided to supp	ort determina	tion of medica	l necess	sity.					
		mentation is attache		the TMPPM.								
Is the DME	Provider Medica	re certified? YES I	⊐ NO □	If ve	es, indicate Med	dicare n	umber:					
Section	R: Diagnosis	and Medical Ne	od Informati		-,							
	•	and Medical Me	eu iiiiviiiiati									
This is a pr	rescription for D	OME/supplies and m			cribina physic	ian.						
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