



1130 Burnett Avenue, Suite B  
Concord, CA. 94520  
Phone: 925-463-5600  
Fax: 925-307-5395

### DME Request Form

Please fax completed form to WeCare for AbetterU  
at: Fax: 925-307-5395

PLEASE PROVIDE DEMOGRAPHIC AND INSURANCE INFORMATION.

Date Prescribed: \_\_\_\_\_ Gender  Male  Female Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Length of need: \_\_\_\_\_

\*HEIGHT AND WEIGHT REQUIRED FOR ALL ITEMS ON THIS FORM

**Ambulatory Devices**  Cane  Crutches  Quad Cane  Walker up to 300 lbs  wheels  3 inches  5 inches  fixed  swivel  leg extensions  Extra Wide Walker 300-450 lbs  Heavy Duty Walker >350 lbs  with wheels  without wheels

**Wheelchairs up to 250 lbs**  Standard  Hemi (low seat)  Light Weight  Transport 350 lbs  Heavy Duty Transport Chair >300 lbs

**Wheelchair Accessories**  brake extensions  elevating leg rests  seat cushion  back cushion  anti-tippers  seat belts  oxygen tank holder  extra-wide seat 22" or more  transfer board Beds

**Hospital Bed**  Semi-Electric  Heavy Duty Full Electric 350-600 lbs  Extra Heavy Duty Full Electric more than 600 lbs

**Bed Accessories**  rails half  rails full  trapeze  free standing trapeze  heavy duty trapeze >250 lbs  replacement mattress  perimeter mattress  patient/hoyer lift max capacity 450 lbs Sling  full body  standard  commode opening

**Support Surfaces**  gel foam overlay  high density foam mattress  alternating pressure  low air loss system

**Aids to Daily Living**  bedside commode  drop arm commode  heavy duty commode >300 lbs  replacement mattress  raised toilet seat max wt capacity 250 lbs  heavy duty raised toilet seat up to 300 lbs  Shower chair  back  no back  tub transfer bench

**Other DME:** \_\_\_\_\_

Medicare has implemented the requirements for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND: 1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_ NPI# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

Would you like a phone call to verify receipt of fax  Yes  No \_\_\_\_\_