

FAX

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Gatesco Medical Supplies
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Dallas, TX 75208
Tel. 214-943-3600
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To: Dr. Ketha Sumana From: A Gates
Fax: (888) 841-3651 Pages: 3
Phone: (972) 675-7313 Date: 2-25-14
Re: Aaron Jackson cc: Title 19

☒ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments: pls sign section B: & return

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Thank You!



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.

Section A: Requested Durable Medical Equipment and Supplies

This section was completed by (check one): ☐ Requesting Physician ☒ Supplier

Client Information

Client Name: Jackson, Aaron Medicaid number: 506077423 Date of birth: 11/23/1973

Supplier Information

Name: Gatesco Medical Supplies Telephone: 214-943-3800 Fax number: 214-943-3660
Address: 707 N. Zang Blvd Suite 3 Dallas, TX 75208-4337
TPI: 181811402 NPI: 1255449310 Taxonomy: Benefit Code:
QRP name: QRP TPI: QRP NPI:

I certify that the services being supplied under this order are consistent with the physician's determination of medical necessity and prescription. The prescribed items are appropriate and can safely be used in the client's home when used as prescribed.

DME/medical supplies provider representative signature: L Marshall Date: 02/25/14

DME/medical supplies provider representative name (Typed or Printed): L Marshall

Prescribing Physician Information

Name: Dr. Ketha Sumne Telephone: (972)675-7313 Fax number: (888)841-3651

Item Number	HCPCS Code	Description of DME/medical supplies	Quantity	Price	Prior authorization required?	Beyond quantity limit?	Custom item?
1	E0973	Adjustable Arms	1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2	E2375	Programmer Controller	1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3	E1002	Power leg rest	1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4	E2620	Removable Hardware for Joystick	1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

1. If "Yes," additional documentation must be provided to support determination of medical necessity.

Section B: Diagnosis and Medical Need Information

This is a prescription for DME/supplies and must be filled out by the prescribing physician.

Item Number (From Section A)	ICD-9	Brief Diagnosis Descriptor	Complete Justification for determination of medical necessity for requested item(s) ² (Refer to Section A, footnote 1)
	344.0	Quadriplegia,	
	401.1	HTN	

2. Each item requested in Section A must have a correlating diagnosis and medical necessity justification.

Enter all item numbers from the table in Section A that pertain to each diagnosis. A range of item numbers may be entered.

If applicable, include height/weight, wound stage/dimensions and functional/mobility status:

Note: The "Date last seen" and "Duration of need" items must be filled in.

Date last seen by physician:

Duration of need for DME: 00 month (s)

Duration of need for supplies: month (s)

By signing this form, I hereby attest that the information in Section "A", with the exception of the DME provider's signature, was complete at the time of my signature and is consistent with the determination of the client's current medical necessity and prescription. By prescribing the identified DME and/or medical supplies, I certify the prescribed items are appropriate and can safely be used in the client's home when used as prescribed.

Signature and attestation of prescribing physician: S. Ketha

Electronically Signed by Ketha, Sumana M Date: 3/4/2014

Signature stamps and date stamps are not acceptable

Prescribing physician's license number: K7311

Prescribing physician's TPI: 038961105

Prescribing physician's NPI: 1962447805