



3016 S. Shiah Rd.  
Garland, TX 75042  
FH (214) 227-4353  
FX (214) 227-4356

# FAX COMMUNICATION CONFIDENTIAL

To:	DR. SUMANA KETHA, MD		
From:	TRACY		
Phone:	972-675-7313	Pages:	2
Fax:	972-675-7310	Date:	11-19-2013
Re:	COLEMAN ALBERT (DOB:01/25/1944)		
CC:			

Dr. Ketha,

Patient above was referral for a walker.

Please fax us the signed detail order and the documentation showing the patient meets the Medicare requirements for this item. PLEASE FAX PROGRESS NOTE:

- Patient received a power chair on 2009, please rule out why patient needs a walker. (patient needs a walker to use it in the restroom, patient needs to start walking)?
- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.
- The patient is unable to safely walk without using the walker.
- The functional mobility deficit can be sufficiently resolved with use of a walker.
- RULE OUT WHY THE PATIENT NEEDS A SEAT ON WALKER

Please fax us the attached doctor's order and the other documentation to 214-227-4356. If you have any questions, our phone number is 214-227-4353.

Thank you.

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PHYSICIAN'S ORDER

COMPANY: ALPHA OMEGA MEDICAL SUPPLY

3016 S. SHILOH RD.  
GARLAND, TX 75041-2415  
214-227-4353  
(214)227-4356

1215117239

NPI:

PATIENT: ALBERT B COLEMAN

2124 W FIVE MILE PKWY  
DALLAS, TX 75224  
(214)337-7880

POLICY NUMBER: 435804974A

ACCOUNT: 3040

DOCUMENT: 3919

DATE OF BIRTH: 10/25/1944

DIAGNOSIS (ICD-9): 781.2

ABNORMALITY OF GAIT

HYPERTENSION NOS

CARDIAC DYSRHYTHMIA NOS

PROGNOSIS:

EFFECTIVE DATE: 11/19/2013

LENGTH OF NEED: 99

QUANTITY  
1.0 / EACH

FREQUENCY  
OneTime

CODE  
E0143

DESCRIPTION  
WALKER - FOLDING WHEELED W/OUT SEAT DALTON

WALKER - SEAT ATTACHMENT

1.0 / EACH

OneTime

E0156

I, the undersigned, certify that the above prescribed equipment/supplies is medically necessary as part of my treatment for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment".

S. Ketha

Physician's Signature

Electronically Signed by Ketha, Sumana M.D.

Date

11/25/2013

PHYSICIAN:

Sumana Ketha  
2925 SKYWAY CIRCLE N  
IRVING, TX 75038-5960  
(972)675-7313  
972-675-7310

UPIN:

G86756

NPI:

1962447805