



New Referral Process

Fax the following to 817-675-9965:

- Rx for equipment
- Demographics page with patient's contact/insurance information
- Completed SWO (Standard Written Order)
- Chart notes (See below for details)
- Referral for PT assessment (For custom equipment)

Chart Note Requirements

- Describe the Medical Conditions (Diagnosis) that impact patient's mobility.
- How has the patient been ambulating and what has changed to now require a Power Wheelchair (PWC)?
- Describe the specific MRADLs that the power wheelchair will be used for IN THE HOME (Must be specific & include at least ONE).
- Must document why ALL less costly options are not viable options. (Must include quantitative, objective details for each.)

Cane or Walker

Manual Wheelchair

Scooter (POV)

- Describe how the Power Wheelchair will improve your patient's ability to perform their MRADLs IN THE HOME.
- State whether your patient is both mentally and physically able to safely operate the Power Wheelchair and that they are willing & motivated to use the power mobility device.

Standard Written Order

***NOTE: Insurance requires that ALL elements must be handwritten by the treating provider.**

Weight: _____

Height: _____
(Needed to select the appropriate equipment)

1 Beneficiary/
Patient Name: _____

2 Equipment
Ordered: _____
IE: PWC & accs, HD PWC & accs, Ltweight Mwc & accs, Lift w/sling, Bed & mat.

3 Length of Need: _____ # of months
(99 = lifetime)

4 ICD 10 DX Codes: _____

5 Physician's Signature: _____
No Signature Stamps

6 Physician's NPI: _____

7 Date of Written Order: _____

***NOTE: Insurance requires that ALL elements must be handwritten by the treating provider.**

Equipment & Accessories Options:

Manual Wheelchair Bases (MWC): Standard or Lightweight (<285 lbs), Heavy Duty (>286 lbs), Custom
MWC Accs: Anti-Tippers, Elevated Leg Rests OR Flip-Up Footplates, Safety Belt, Height Adj Arms
Rests, General Use Seat & Back Cushions

Power Wheelchair (PWC): Standard (<285 lbs), Portable (<285 lbs), or Heavy Duty (>286 lbs), Group 3
PWC Accs: Height Adj Arms & Batteries

Hospital Beds: Semi Electric (<400 lbs)

Mattress & Overlay Options: Standard Mattress, Dry Pressure Reducing Foam Mattress, Gel Overlay
Topper

Patient Lift: Hydraulic Lift w/ Sling

Please fax to Scooter's and More at (817) 338-4450