

Regarding the patient:_____
Name_____
Date of Birth

For insurance consideration of the **Group I Support Surface** you have requested for this patient, the following must be documented in their medical records:

1. Completely immobile – e.g., cannot make changes in body position without assistance, **OR**
2. Limited mobility – e.g., cannot make changes in body position without assistance significant enough to alleviate pressure with one of **Support Surface Conditions A-D** below, **OR**
3. Please send wound assessment/clinical evaluation records that supports any stage pressure ulcer on the trunk or pelvis with one of **Support Surface Conditions A-D** below.

Support Surface Conditions A-D

- A. Impaired nutritional status
- B. Fecal or urinary incontinence
- C. Altered sensory perception
- D. Compromised circulatory status

Please note: providing medical records to a supplier is not a violation of the HIPAA privacy rules. Records must show relevant ICD-10 diagnosis code(s) and include the prescribing physician's signature and date.

Thank you in advance for faxing any Standard Written Order prescription(s) & supporting medical records to Handi Medical Supply at: 651-644-0602