

Regarding the patient:_____
Name_____
Date of Birth

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

1. Documentation that the beneficiary requires transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the beneficiary would be bed confined; **AND**
2. Documentation that the beneficiary requires help from another person to transfer between a wheelchair, bed, commode or other surfaces in the home; **AND**
3. Documentation that the beneficiary cannot be safely transferred without a lift due to the recipient's medical condition or the caregiver's limitations; **AND**
4. Documentation that the lift is documented as fitting in all necessary parts of the recipient's home.

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