

Regarding the patient:

Name_____
Date of Birth

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

1. Need for hospital bed

- a) A condition requiring positioning of the body to alleviate pain, that cannot be accommodated in an ordinary bed (e.g. pain scale); **OR**
- b) Protection from serious injury that cannot be accommodated in an ordinary bed; **OR**
- c) A condition that requires the head of the bed to be elevated more than 30 degrees most of the time, where pillows or wedges did not meet the patient's needs (e.g. specify degree of elevation); **OR**
- d) A condition that requires special attachments (e.g. traction equipment) that cannot be fixed and used on an ordinary bed; **AND**

2. Additional variable height requirements

The patient requires a bed height different than a fixed height hospital bed to permit transfers to a chair, wheelchair, or standing position.

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