

Beneficiary's Name: Ellen M Doe

Date of Birth: 1/1/1940

Diagnosis: 853.00

Length of Need: 99

Date of FACE-to-Face Examination:

DETAILED PRODUCT DESCRIPTION

| HCPCS | Description | Qty | Supplier's Charge | Allowance |
|-------|----------------------------|-----|-------------------|-----------|
| E1220 | W/C,MANUAL,QUICKIE 2 | 1.0 | 1,695.75 | 0.00 |
| E1298 | SEAT DEPTH,22-25" | 1.0 | 46.75 | 0.00 |
| K0108 | BRAKE,UNI-LATERAL PUSH LCK | 1.0 | 170.00 | 0.00 |

Physician's Signature

Date

X12345

UPIN:

PHYSICIAN: Dr. John Johnson
600 N MAIN
Schenectady, NY 12345
(555)466-3711

*****MEDICARE REQUIRES THE SUPPLIER TO HAVE IN PATIENT'S FILE MEDICAL RECORDS SHOWING DATE OF FACE TO FACE EXAM, AND ANY OTHER DOCUMENTATION SHOWING THE NEED FOR POWER MOBILITY. MUST BE UNABLE TO USE CANE, WALKER, OR MANUAL WHEELCHAIR. THIS MUST BE RECIEVED BY SUPPLIER WITHIN 45 DAYS OF THE FACE TO FACE EXAM. SEE ATTACHED GUIDELINES.*****