

Your  
Hospital's  
Logo  
Here

# DURABLE MEDICAL EQUIPMENT ORDER

HOSPITAL • STREET ADDRESS • CITY, STATE ZIP • (202) 555 - 1212

ORDER NO.	ACCOUNT NO.	ACCOUNT NO.	ORDER DATE	ROUTE	DEL DATE	ORDER TYPE

<b>SHIP TO</b>	<b>RESPONSIBLE PARTY</b>
----------------	--------------------------

<b>INSURANCE INFORMATION</b>	<b>DOCTOR</b>
------------------------------	---------------

LINE	ITEM NO	TYP	DESCRIPTION	QUAN	BILLED	CO-PAY

INSTRUCTIONS

DELIVERED BY:

## ASSIGNMENT AND WAIVER

The customer has been advised that the diagnosis for herein named patient **may not qualify** for full Medicare reimbursement under Medicare guidelines. The customer hereby states that the above described equipment has never been purchased or rented previously through the Medicare or Medicaid program. For assigned claims, Medicare will only pay for the service that it determines to be "reasonable and necessary" under Section 1882(A). I request that payment made under Medicare or any other insurance program be made directly to the provider above. In the event Medicare or any insurance program does not make payment, I agree to be personally liable for the total cost of this agreement.

## CUSTOMER AGREEMENTS

I agree to all of the terms and conditions listed on **the back of this form**. I have received all of the items listed above and they are in good condition. I have been adequately informed in the proper use of this equipment. I have received a description of the services provided and fully understand the responsibilities of both the provider and myself. I agree to proceed with the care and services offered by the provider with the understanding that this agreement may be reviewed by the provider and myself for purposes of clarification, alteration or discontinuance. I authorize the release of any medical information needed to process any claims for reimbursement related to the equipment listed above.

ATTENDANT SIGNATURE (IF PATIENT UNABLE TO SIGN)	RELATIONSHIP:	DATE:	CUSTOMER SIGNATURE:
--	---------------	-------	---------------------