



INNOVA MEDICAL PRODUCTS



DME Order Checklist for Referring Providers

Please fax the following information to help us process your Durable Medical Equipment (DME) order quickly and accurately. Incomplete submissions are the most common cause of processing delays.

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- ☐ **Patient demographics**
 - ☐ **Completed Rx form**, signed and dated with either a wet signature or "Electronically signed by..."
 - ☐ **Current insurance information**, with copy of front and back of insurance card
 - ☐ **Medical records dated within the last 6 months**, indicating need for the equipment
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Before You Fax

- ☐ Confirm all pages are legible and complete
- ☐ Confirm the order is signed and dated by the prescriber
- ☐ Confirm all quantities are correct
- ☐ Confirm diagnosis codes, number of refills, and length of need are on the Rx and all coverage questions have been completed
- ☐ Include a cover sheet noting the number of pages and a callback number in case we have questions

Fax to: 860-388-0368

Questions? Call us at: 860-388-1437

This checklist is a general guide. Specific documentation requirements can vary by insurance payer and equipment type — our team will follow up if anything additional is needed.



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www.northeastmedicalproducts.com
An Innova Medical Group Company



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CANES & CRUTCHES PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Diagnosis codes _____

Height _____ Weight _____ Length of Need _____

Alternate Contact Name _____ Relationship _____ Phone _____

Equipment ordered:

- _____ E0100 Cane, adjustable or fixed, with tip
- _____ E0105 Quad Cane, adjustable
- _____ E0111 Forearm crutches, adjustable
- _____ E0114 Crutches, aluminum, adjustable, pair

Coverage Questions:

- Y N Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility related activities of daily living (MRADL) in the home?
- Y N Can the patient safely use the cane or crutch?
- Y N Can the patient's functional mobility deficit be sufficiently resolved by use of a cane or crutch?

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

Physician Signature _____ Date _____