DME MAC Jurisdiction B

SUGGESTED INTAKE FORM

Order taken by: Date:

Referral Person Calling in Order: Telephone:

BENEFICIARY INFORMATION

Name: Date of Birth:

Street Address: Sex: ☐ Male ☐ Female

City, State, Zip: Weight: Height:

Telephone: Medicare #:

Name of Legally Responsible Representative:

Relationship to Beneficiary:

Street Address:

City, State, Zip: Telephone:

ORDERING PHYSICIAN INFORMATION

Name: NPI #:

Street Address: Telephone:

City, State, Zip:

QUESTIONS FOR THE BENEFICIARY

Has the beneficiary ever received the same or similar supplies/equipment? ☐ Yes ☐ No

If yes, list equipment/supplies:

Who was it purchased or rented from?

Date purchased, or if rented, how many months? Date of past set-up: Date equipment was returned:

Why was the item returned to original supplier?

Is the item being replaced? ☐ Yes ☐ No

Is there a new medical necessity? ☐ Yes ☐ No

Describe condition for previous need:

Describe new/changed condition:

Is the beneficiary enrolled in a Medicare HMO/managed care program? ☐ Yes ☐ No

Has the beneficiary been enrolled in a Medicare HMO/managed care program and is returning to Fee-For-Service (FFS)? ☐ Yes ☐ No

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QUESTIONS FOR THE SUPPLIER

(If providing repairs on equipment, obtain the following information for the item being repaired)

Manufacturer: Model Name or #: Serial #: Purchase Date:

Reason or nature of repairs:

Do you have medical necessity to file for repairs? ☐ Yes ☐ No

Does beneficiary meet criteria for item being repaired? ☐ Yes ☐ No

Questions for the Supplier, continued . . .

Where will the item be used?

SIGNATURE

Beneficiary Signature: Date Signed:

This is just a suggested intake form and suppliers can model one to fit their particular type of business. For example, if you are providing oxygen, there may be certain questions you need to ask regarding oxygen patients, or, if you are providing wheelchairs, there may be certain questions pertinent to wheelchairs. These are the basic questions to aid you in compiling information at the time of intake. This form does not in any way replace obtaining an Advance Beneficiary Notice (ABN), if there is reason to believe the item(s) may be denied due to medical necessity reasons. Please refer to the DME MAC Jurisdiction B Supplier Manual, Chapter 3, for information about same/similar equipment and ABNs and the Limitation of Liability section in Chapter 6, for more information.

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