



360 DEGREE Patient Care

provided by:

jayhawk pharmacy & patient supply



MEDICARE REQUIREMENTS FOR HOYER LIFT

Documentation Required:

- Detailed Written Order
- Medical records must contain sufficient documentation of the patients medical condition to substantiate the necessity for the type of item ordered

Coverage Criteria:

A patient lift (E0630-Hoyer) is covered if transfer between bed and a chair, wheelchair, or commode is required and without the use of a lift, the patient would be bed confined.

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jayhawk patient supply
2620 SW 6th Ave.
Topeka, KS 66606
Phone: 785-235-9700
Fax: 785-235-9703

jayhawk pharmacy & patient supply
2860 SW Mission Woods Drive
Topeka, KS 66614
Phone: 785-228-9700
Fax: 785-288-1375

jayhawk custom pharmacy
6730 SW 29th Street
Topeka, KS 66614
Phone: 785-228-9740
Fax: 785-288-9745

www.jayhawkpharmacy.com



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Patient Name: _____ DOB: _____ Date: _____

Patient Lift Script

Please Mark Required Item

_____ Hoyer Lift

_____ Get U Up (Patient able to bear 50% of body weight)

Diagnosis: _____

Length of need: _____ (99 months = lifetime)

Signature: _____ Date: _____

Printed name: _____ NPI: _____

Fax back to: (785) 235-9703

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