UniCare

Hospital Bed / Special Mattress

Precertification-Clinical Worksheet
Phone: 800-442-9300 / Fax: 800-848-3623

Patient name: _____ DOB: _____ Member ID: _____

Provider: _____

Provider address: _____

Provider phone: _____ Provider fax: _____ Provider NPI #: _____

Requesting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Equipment start date: _____ New: _____ Used: _____

Rental or purchase? _____

Notification #: _____

In order to review the medical necessity for this service, we need the following information:

- Prescription for the requested durable medical equipment
- Documentation of medical necessity
- Replacement equipment requires documentation of disrepair / out of warranty

Diagnosis and past medical history (describe wound dimensions and management): _____

_____

Functional status

1. Does the patient have a medical condition that requires positioning of the body in ways not feasible with an ordinary bed? ___Yes ___No
2. Does the patient require the head of the bed to be elevated more than 30 degrees most of the time? ___Yes ___No
3. Does the patient require special attachments that can only be attached to a bed? ___Yes ___No

   Specify: _____
4. Where does the patient reside? ___Own home ___SNF ___Other (specify) _____
5. Is the patient bedbound? ___Yes ___No Does the patient live alone? ___Yes ___No
6. How long will the patient require the bed / mattress?

   # of weeks _____ # of months _____ Indefinite _____

Hospital bed: HCPC _____ Purchase $ _____ Rental $ _____ per day / month (circle one)

Special mattress (specify): _____

HCPC _____ Purchase $ _____ Rental $ _____ per day / month (circle one)

UniCare has preferred providers for DME services. To get the maximum benefit, a preferred provider must be used. UniCare covers the allowed rental charge up to the allowed purchase price for approved durable medical equipment.

Signature: _____ **Date**: _____

Print name: _____ **Phone**: _____

After completing this form and obtaining the necessary clinical information, please fax to 800-848-3623.