

*Medicare requires the following seven elements on a Power Mobility Initial Order. Claim filing requires information at bottom of page.*

**Face-to-Face Exam Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Mobility Related Diagnosis/Conditions** (Include ICD-9):  
\_\_\_\_\_  
\_\_\_\_\_

**Item Description** (Specific or Generic): \_\_\_\_\_  
\_\_\_\_\_

**Length of Need:** \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

**Physician Name:** \_\_\_\_\_ (Print)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**License Number:** \_\_\_\_\_

**NPI Number:** \_\_\_\_\_