



Gentle Care Home Services, Inc.

1180 Stelton Road, Piscataway, NJ 08854
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DME/SUPPLIES ASSESSMENT

Patient's Name: _____
Address: _____
City: _____ State _____ Zip Code: _____
Phone: _____ DOB: _____ SS#: _____
Contact Name: _____ Relationship: _____ Phone #: _____
Medicare #: _____ Medicaid #: _____
Other Insurance #: _____
MD Name: _____ Phone #: _____
MD Address: _____ Fax #: _____

* The above information must be completed in order for us to successfully process the supplies ordered. Prescriptions from doctors for supplies are accepted and are appreciated.

ITEMS COVERED BY MEDICARE ONLY

- Semi-electric Hospital Bed Manual Hospital Bed with Rails and Mattress
 Alternating Air Pressure Mattress Gel Mattress Foam Mattress
 Alternating pressure pad Hoyer Lift Trapeze bar (if patient has a Hospital bed)

Mobility and Rehabilitation:

- Wheelchair: **Patient weight** _____ **lbs** Cushion: Reason _____
 16" 18" (Standard) 20" 22" 24" Elevating Leg Rest Folding
Lightweight Wheelchair: **Patient weight** _____ **lbs**
 16" 18" (Standard) 20" 22" 24" Elevating Leg Rest Folding
Cane: Standard Quad Cane: Narrow base Wide base
Walker: Standard (no wheels) Walker with 2 wheels: 3" 5" Swivel Wheels Basket
 Rollator (4 wheels, breaks, seat and basket) *co-pay required* wheels: 3" 5" Swivel

Bathroom Aids:

- Bedside commode Heavy-duty commode (if patient is over 280 lbs) **Patient weight** _____ **lbs**

Incontinence supplies:

- Catheter (indicate size) # _____ Strait or Foley
 Catheter insertion tray Male external catheter (Texas)
 Leg bag Drainage bedside bag
 Urinal Bedpan

Diabetic Supplies:

- Blood glucose meter/monitor
 _____ Boxes Test Strips (indicate name of monitor) _____
 _____ Boxes Lancets

General Medical Supplies:

Wound care supplies: Gauze sponge Tape Bandage Other dressings

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Wall grab bar: 12" 16" 18" 24" 32"

Bathtub safety rail/Tub grab bar

Shower Chair: Rectangular **with** a back Rectangular **without** a back Round **without** back

Bedside Table: Tilted Not Tilted

Transfer Bench: Padded Unpadded

Raised Toilet Seat Raised Toilet Seat with a handle

Maximum number of boxes allowed per month: 2

___ Boxes Adult Diapers/Briefs small medium large extra large

___ Boxes Protective underwear (pull-ups) small medium large extra large

___ Boxes Absorbent Liners

___ Boxes Incontinence pads (single use chux)

___ Boxes Gloves small medium large (if ordered for HHA, please pick up at our office)

For all reorder requests, please call, fax or e-mail Evelyn with the information.

___ Elbow protectors ___ Heel protectors

Compression stockings: ___ Knee high ___ Thigh high

Blood pressure monitors: Manual Digital

OTHER ITEMS OR COMMENTS:

We will process each order in a timely manner and needed supplies will be delivered to your home. Wheelchairs, hospital beds and air pressure mattresses will not be covered by insurance if patient has ordered them in the past 5 years. In case of no insurance coverage, MD/MR denials, HMO, or if a patient's deductible has not been met, patient and/or family members are responsible for charges of supplies delivered.

*No orders will be processed without the patient's signature for confirmation.

This is to certify that I am in need of the equipment and/or supplies stated and understand the above information about payment coverage.

Client's Signature _____

Assessed by _____ Title: HHA RN Family

Print Name

Date: ___ / ___ / ___

Sign Name