



Ace Medical Supply LLC

Right Equipment! Better Life!

847-647-8590(B), 847-647-7808 (F)

815-301-9010 (eFax)

REFERRAL FORM

PATIENT'S INFORMATION

PATIENT NAME:(LAST) _____ (FIRST) _____ (M) _____

DATE OF BIRTH(DOB): ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: (____) _____ - _____

GENDER: MALE: ____ FEMALE: ____ HEIGHT: ____' ____" WEIGHT: _____ (LBS)

MEDICARE NO: ____ - ____ - ____ - ____

PUBLIC AID NO: _____

Emergency Contact #: Relationship: _____

Name & #: _____ (____) _____ - _____

PHYSICIAN'S INFORMATION

PHYSICIAN NAME:(LAST) _____ (FIRST) _____ (M) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____

FAX: (____) _____ - _____ NPI: _____

ITEMS ORDERED:

**** Covered by Medicaid(Public Aid)**

- Pull-Up Diapers (200 Pcs/per Mo.) & Underpads (150 Pcs /Per Mo.) (Dx R32 Req.)
- Briefs Diapers (200 Pcs/per Mo.) & Underpads (150 Pcs /Per Mo.) (Dx R32 Req.)
- Bladder Control Pad (180 Pcs/per Mo.) & Underpads (150 Pcs /Per Mo.) (Dx R32 Req.)
- Underpad (150 pcs/per Mo.) (Dx R32 Req.)
- Shower Chair w/back (Eligible every 12 months)**
- B/P Monitor
- Transfer Bath Bench w/back
- Tub(Bath) Grab Bar

**** Covered by Medicare**

- Diabetic Shoes and Inserts (Dx. DM Req.) (Eligible every 12 months)**
- Back Brace
- Knee Brace
- Wrist Brace
- Cane, Quad, adjustable
- Cane, Single, adjustable (Delivered with combined Orders,
otherwise pick up at store, No Exceptions)


Ref.Co.Name:	FOCUS HOME HEALTHCARE
Ref. Co. TEL	() -
Ref.Co.Contact:	

Dx Code 1: _____ (Desc: _____), Code 2: _____ (Desc: _____)

Code 3: _____ (Desc: _____), Code 4: _____ (Desc: _____)

INTERNAL USE ONLY:

(Please fill in Pt. & Dr.'s INFO, and DME to be delivered)

 Ace Medical Supply LLC
7515 N Milwaukee Ave., Niles, IL 60714
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