COVENTRY Workers' Comp Services

HOSPITAL DISCHARGE REFERRAL FORM

(877)203-9899 | FAX (855)398-8240

DMEplus℠

(*) Required information

REFERRAL INFORMATION

*Person Making Referral _____ *Phone _____ Referral Date _____ Referral # _____

Choose One: ☐ DC Planner ☐ Case Manager ☐ Adjuster ☐ Other _____

*Facility Name _____ Phone _____ Fax _____

*Facility Address _____

*City _____ *State _____ *Zip _____ Email Address _____

INJURED WORKER INFORMATION

Medication Required? Y ☐ N ☐

*First Name _____ *Last Name _____

*SSN _____ (or) *Date of Birth _____ Gender ☐ M ☐ F *Phone _____

Address _____

City _____ State _____ Zip _____

Delivery Address/Contact if different from above _____

*Surgery Date _____ (or) *Discharge Date _____ in ☐ AM ☐ PM *Weight _____ lbs *Height _____ ft _____ inches

DURABLE MEDICAL EQUIPMENT - PURCHASE ONLY

Quantity	Item	Quantity	Item	Quantity	Item
	3 in 1 Commode		Long Shoe Horn		Four Wheeled Walker w/Seat
	Shower Chair		Sock Aid		☐ Cane (or) ☐ Quad Cane
	Raised Toilet Seat		☐ TENS Unit (or) ☐ EMS Unit		Crutches
	Raised Toilet Seat w/Arms		Cold Therapy Unit		Hospital Bed (rails? ☐ Y ☐ N)
	Transfer Bench		Standard Wheelchair		Trapeze
	Transfer Board		W/C Leg Ext: ☐ L ☐ R ☐ B		Sling/Shoulder Immobilizer
	Grab Bars		W/C Seat Cushion		Back Brace: ☐ XS ☐ S ☐ M ☐ L ☐ XL
	Reacher		Front Wheeled Walker		Knee Brace: ☐ XS ☐ S ☐ M ☐ L ☐ XL

NURSING/HOME CARE/THERAPIES

Please fax all Physician Orders

Services	# of Visits
RN Evaluation Only	
RN Visits	
IV Therapy	
(IV Medication _____)	
Home Health:	
☐ PT ☐ OT ☐ SLP ☐ RT	
☐ CNA ☐ HHA ☐ LPN	
Outpatient:	
☐ PT ☐ OT	

RENTAL EQUIPMENT

Period	Item
	Standard W/C with ADJ Legs
	Reclining Wheelchair
	CPM (For: _____)
	Wound Vac
	Hospital Bed (Rails? ☐ Y ☐ N)
	Trapeze
	☐ TENS Unit (or) ☐ EMS Unit
	Other: _____

OTHER SUPPLIES/SPECIALTY EQUIPMENT

TRANSPORTATION

Date _____ Pickup Time _____

Escort Required? ☐ Y ☐ N If Yes, Name _____

To (Address) _____

From (Address) _____

Type: ☐ Car ☐ Wheelchair Van ☐ BLS ☐ Ambulatory Van ☐ Other _____

SPECIAL COMMENTS

SUBMIT RESET

7-18-2012

© 2012 Coventry Health Care Workers Compensation, Inc. All rights reserved.