Complete and print.

Reset Form

MAYO CLINIC

Hospital Bed Prescription

Mayo Clinic Store

Form content not retained in medical record.
Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name *(First, Middle, Last)*
Birth Date *(mm-dd-yyyy)*
Mayo Clinic or Store Account Number

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Medicare Requirements

A semi-electric hospital bed (E0260) is covered if the beneficiary meets criteria for a fixed-height bed. Face-to-face note must document one of the four below criteria.

1. Patient's medical condition requires positioning of the body in ways not feasible with an ordinary bed; or
2. Patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; or
3. Patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; or
4. Patient requires traction equipment, which can only be attached to a hospital bed;

And requires frequent changes in body position and/or has an immediate need for a change in body position.

Order Information

Order Date *(mm-dd-yyyy)*	Start Date *(mm-dd-yyyy)*	Need Length ☐ Lifetime ☐ Other_____
Qualifying Diagnosis (ICD-10)	Patient Height (inches)	Patient Weight (pounds)
Date of Face-to-Face Examination *(mm-dd-yyyy)*	Patient Phone	
Patient Address *(Street, City, State, ZIP Code)*		

Device and Accessories

Type of Hospital Bed Including Mattress (select one)
- ☐ Semi-electric hospital bed (E0260) (weight limit of 350 pounds)
- ☐ Total electric hospital bed (E0265) – non-covered (weight limit of 350 pounds)
- ☐ Heavy-duty, extra wide hospital bed (E0303) (weight requirement greater than 350 pounds, up to 600 pounds)

Rail Type (select one)
- ☐ Half Rails
- ☐ Full Rails

Accessory (select one)
- ☐ Trapeze equipment (E0910)
- ☐ Heavy-duty trapeze equipment (E0912)

Special Instructions

Referring Provider Information and Signature

Facility	Phone	Fax
Provider Signature ▶ Signature Required	Date *(mm-dd-yyyy)*	
Provider Printed Name *(First, Middle, Last)*	National Provider Identifier	

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.

Print