APPLICATION FOR DURABLE MEDICAL EQUIPMENT

Are you SoonerCare eligible? _____NO _____YES

SoonerCare Number:_____

It is important to provide this number. While this equipment is provided at no charge, SoonerCare eligible customers* ***will be given priority.*

Are you on Disability? _____NO _____YES

If YES, have you tried to obtain the DME through SoonerCare? _____NO _____YES

Name: _____Birthdate: _____

_____

Address City Zip County

_____

Phone Fax Alternate Phone Email Address

_____

Item Requested

_____

How will this equipment help?

Do you have a prescription from your doctor for this DME? _____NO _____YES

If required, do you have the additional documentation? _____NO _____YES

**Refer to attached table, "Equipment Categories with Required Documentation and Additional Equipment".*

***If the DME you need requires measurements, please complete the "Customer Measurements" Form to be included with this application.*

This equipment will be used for me or my family member's personal use and will not be sold. To the best of my knowledge, all information is true and accurate. I understand not all accessories may be available with the DME and may require contacting someone other than OKDMERP at my own cost.

_____

Signature of Applicant Date

Oklahoma Durable Medical Equipment Reuse Program
3325 North Lincoln Boulevard
Oklahoma City, OK 73105
Phone 405-523-4810 / Fax 405-523-4811
http://okabletech.okstate.edu

Customer Measurements

The purpose of this form is to obtain rudimentary measurements to decrease the frequency of false deliveries. There are many websites available for instruction on how to obtain proper measurements. **Please note that these measurements are not intended to guarantee appropriate assessment or fit**. The person should be seated on a firm surface with feet flat. Provide body measurements, not chair measurements.

Height:_____**Weight**_____

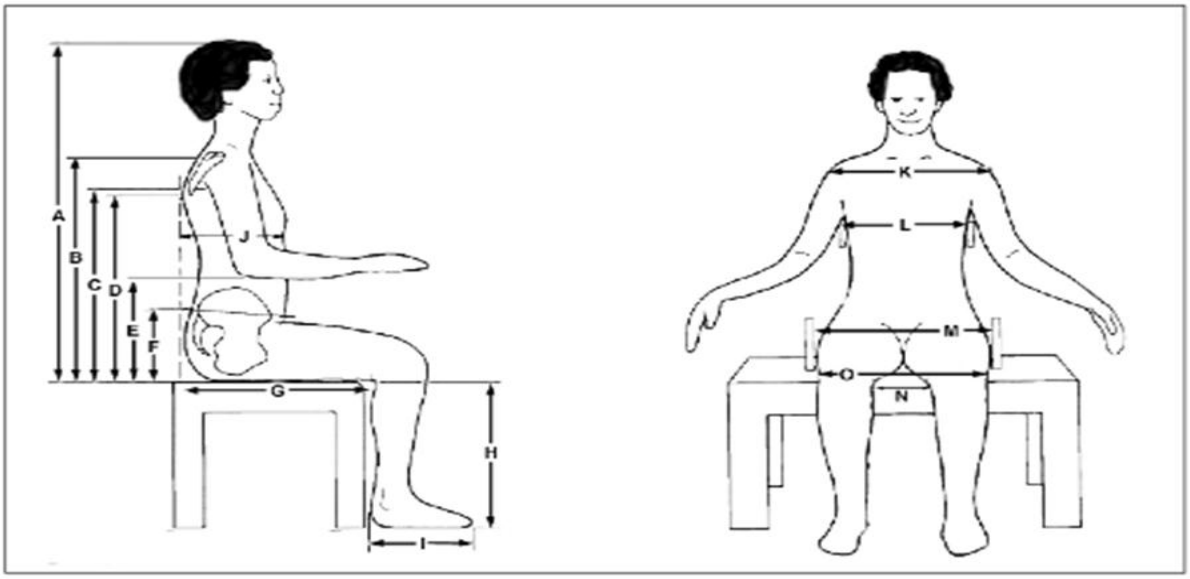
A. _____Seat surface to top of head: Measure from seat surface (where buttocks contact the seat surface) to top of head. This measurement is especially useful for tilt systems, recliners, and those with headrests or high backs.

B. _____Seat surface to top of shoulder: Measure from seat surface (where buttocks contact the seat surface) to top of shoulder. This measurement is especially useful for wheelchairs with high backs.

G. _____Behind knee to back of hips: Measure from seat back (where buttocks contact the seat back) to just back of knees when knees are bent at 90 degrees and subtract about 2 inches.

H. _____Heel to back of knee: Measure from floor (where bottom of heel contacts floor) to back of the knee when knees are bent at 90 degrees. If the person intends to propel with his feet, you want to be sure that the wheelchair seat is close enough to the floor to work. Hemi chairs are closer to the floor than standard chairs. You can also change tires on some wheelchairs to get closer to the ground.

M. _____Hip width: Measure the hips at the fullest part. You can add up to 2 inches to the number depending on the amount of room the individual wants. If you were to place two books on either side of the hips, you would measure straight between the two books instead of curving up and over the lap like a seatbelt would.



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Equipment Categories with Required Documentation and Additional Equipment

PRODUCT	PRESCRIPTION	MEDICAL DOCUMENTATION	MEDICAL CONSULTATION	OHCA ADDITIONAL EQUIPMENT IF SoonerCare
Augmentative Communication Device	Yes	SLP Eval	Yes	No
Bath Bench	No	No	No	No
CPAP	Yes	Sleep Study	Yes	Masks and Supplies
Commodes	No	No	No	No
Gait Trainers	Yes	PT Eval	Yes	No
Hospital Beds	Yes	No	No	Mattress
Nebulizers	Yes	No	No	Nebulizer supplies
Patient Lifts	Yes	PT Eval	No	Slings
Quad Canes	No	No	No	No
Scooters (POV)	Yes	PT or ATP Eval	No	No
Shower Chairs	No	No	No	No
Standers	Yes	PT Eval	No	No
Walkers	Yes	No	No	No
Wheelchairs (manual)	Yes	No	No	No
Wheelchairs (power)	Yes	PT Eval	No	No

**Refer to OHCA Prior Authorization Guidelines Worksheet for reference.*

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