

Instructions For Medicare
Reimbursement On The Purchase Of
LIFT CHAIRS:

REQUIREMENTS:

1. Doctor's prescription for Lift Chair including a brief description of patients condition.
2. Doctor to fill out CMN (Certificate of Medical Necessity) Form.
3. Photocopy of
 - a. Medicare Card
 - b. Patient I.D.
 - c. Supplement Insurance (if applicable)
4. Copy of Electropedic invoice with Proof of delivery

FAX (818) 591-8589

FAX all documentation to Billing Services Attn Ms. Delores Keller:

Questions call Delores Keller at (818)591-2770