How to Order Home Oxygen for All Orders (Including Consignment)

**STEP 1 | TO - HOME CARE MEDICAL**
- CORPORATE - RESPIRATORY INTAKE
  RETURN FAX NUMBER 262.957.5535
- SHEBOYGAN RETAIL STORE
  RETURN FAX NUMBER 920.458.5791

**STEP 2 | FROM**

- Today’s Date ____________________________
- Name ____________________________
- Department/Title ____________________________
- Telephone Number ____________________________
- Fax Number ____________________________
- Number of Fax Pages (including Fax Cover Sheet) ____________

**STEP 3 | DOCUMENTATION CHECKLIST FOR HOME OXYGEN**

- Patient full demographic information including insurance information and diagnosis
- Patient’s most recent arterial Blood Gas PO2, Oxygen Saturation test value, or Over Night Pulse Oximetry test
  (Must be tested on room air 2 days prior to hospital discharge or within 30 days of office visit, see attachment)
- Documentation of physicians Face-to-Face visit with patient within 30 days of the initial CMN date
  - that supports the need for the oxygen
- WOPD (Written Order Prior to Delivery) with prescribers NPI number and PECOS certified.
  Prescription/Order must include: 1) equipment ordered, 2) liter flow, 3) frequency, and 4) route of administration

**DID YOU KNOW?**
Pneumonia and cluster headaches are non covered diagnosis. Private pay options are always available.

**New Berlin Corporate Headquarters** 5665 South Westridge Drive | Ph 262.786.9870
**Milwaukee Retail Store** 4818 South 76th Street | Ph 414.423.8800
**Sheboygan Retail Store** 2922 South Business Drive | Ph 920.458.5768
**West Bend Retail Store** 1709 South 18th Avenue | Ph 262.957.5501
**Website** www.homecaremedical.com