

Attachment. NFSS Customized Manual Wheelchair (CMWC)/ Durable Medical Equipment (DME) Receipt Certification

To be completed and uploaded upon receipt of the CMWC/DME Item

Upon receipt of the CMWC/DME item, the authorizing therapist must verify that the CMWC/DME item meets the needs of the resident and that the specifications are as intended. This receipt certification must be uploaded to the LTC Online Portal by the NF after delivery and certification in order to receive a Service Authorization for the CMWC/DME item. The signature by the therapist on this form certifies that the item meets the needs of the individual as specified in the assessment. It also indicates, by the NF Administrator's signature, that the item was delivered and received by the nursing facility. Failure to submit this receipt confirmation will withhold the facility's reimbursement for the item.

(Select only one per attachment)

- | | |
|--|--|
| <input type="checkbox"/> CMWC | <input type="checkbox"/> Prosthetic Device |
| <input type="checkbox"/> Gait Trainer | <input type="checkbox"/> Special Needs Car Seat or Travel Restraint |
| <input type="checkbox"/> Orthotic Device | <input type="checkbox"/> Specialized or Treated Pressure-Reducing Support Surface Mattress |
| <input type="checkbox"/> Positioning Wedge | <input type="checkbox"/> Standing Board/Frame |

Therapist Certification of CMWC/DME Item

To be completed by Occupational or Physical Therapist upon receipt of CMWC or DME Item.

I certify that the received equipment has been evaluated and certified to meet the needs of the resident.

C4300A./D1600A./D2600A./D3600A./D4600A./D5600A./D6600A./D7600A.
Therapist's First Name (Printed)

C4300B./D1600B./D2600B./D3600B./D4600B./D5600B./D6600B./D7600B.
Therapist's Last Name (Printed)

C4400A./D1610A./D2610A./D3610A./D4610A./D5610A./D6610A./D7610A.
Therapist's License Type

- Occupational Physical

C4400B./D1610B./D2610B./D3610B./D4610B./D5610B./D6610B./D7610B.
Therapist's License No.

Therapist's Signature

C4500./D1620./D2620./D3620./D4620./D5620./D6620./D7620.
Therapist's Certification Date

NF Administrator Certification of Delivered CMWC/DME Item

To be completed by NF Administrator upon receipt of the CMWC/DME Item

The CMWC/DME item has been delivered as prescribed in the assessment of an individual who is a resident in my facility.

C4600A./D1630A./D2630A./D3630A./D4630A./D5630A./D6630A./D7630A.
NF Administrator's First Name (Printed)

C4600B./D1630B./D2630B./D3630B./D4630B./D5630B./D6630B./D7630B.
NF Administrator's Last Name (Printed)

C4700./D1640./D2640./D3640./D4640./D5640./D6640./D7640.
CMWC/DME Received Date

NF Administrator's Signature

C4800./D1650./D2650./D3650./D4650./D5650./D6650./D7650.
NF Administrator's Certification Date