



# Beaumont Home Medical Equipment

B R I N G B E A U M O N T H O M E

**Beaumont Home Medical Equipment**  
**1200 Stephenson Hwy**  
**Troy, MI 48083**

**Phone: 800.626.9631**  
**Fax: 248.743.9111**

## Scope of Services

Beaumont Home Medical Equipment is a full-service Home Medical Equipment & Respiratory provider who works closely with you and your physician to bring the quality of Beaumont right into your home. If you need virtually any type of home medical equipment, Beaumont has a team of compassionate and knowledgeable health care professionals, including respiratory therapists, rehabilitation equipment specialists, customer service representatives, and billing specialists who are experienced in facilitating and providing the highest level of coordinated home health care.

- Oxygen & Respiratory Therapy products including CPAP/Bi-Level, Gaseous & Liquid Oxygen, Pulse Oximeters, Suction, etc.
- Hospital Beds, Patient Lifts, Commodes
- Ambulatory, Mobility, & Aids to Daily Living
- Manual & Powered Wheelchairs & Scooters
- Orthopedic Braces and Supports
- Self-Testing Diagnostic & Wellness Items
- Bathroom Safety & Personal Care Products
- Disposable Medical Supplies (Diabetic, Wound, Ostomy, Incontinence, etc)
- 20,000+ Items available to meet patient needs

Beaumont Home Medical Equipment is proud to let you know that we also offer:

- 24-Hr. On-call & Emergency Service Response
- Equipment Rental, Loaners, Delivery & Pickup
- Equipment Set-up, Training and Instruction
- Knowledgeable Reimbursement Assistance
- Weekend and Holiday service available

**Insurance:** Medicare, Medicaid, and most other private insurance can usually be billed for many/most items.

**Service Area:** Wayne, Oakland, Macomb, Monroe, Livingston, Genesee, Lapeer but we can also provide UPS or FedEx shipment to anywhere in the continental U.S.

**Beaumont**<sup>®</sup>  
William Beaumont Hospital

# Beaumont Home Medical Equipment

## Location Listing and Information 248-549-9715 or Toll Free: 800-626-9631

Beaumont Home Medical Equipment  
Centralized Telephone Intake Dept.  
1200 Stephenson Hwy  
Troy MI 48083  
248-549-9715 Phone  
248-743-9111 Fax  
**233-HSC**  
M-F 9 am–5 pm & Sat 9 am–3 pm  
**\*Centralized intake, billing, and  
remittance address**

Beaumont Home Medical Equipment  
Main Retail Showroom  
32060 Woodward Avenue  
Royal Oak MI 48073  
248-549-9778 Phone  
248-549-9784 Fax  
**150-BME**  
M-F 9 am–5 pm & Sat 9 am–3 pm

Beaumont Home Medical Equipment  
21355 Melrose Suite 6  
Southfield MI 48075  
248-208-4000 Phone  
248-208-4040 Fax  
**425-MEL**  
M-F 8:00 am – 5:00 pm  
**\*Main Warehouse & Distribution**

**24-Hour–365 days a year On-Call  
Coverage provided for all locations!**

Beaumont Home Medical Equipment  
WBH Royal Oak Hospital Campus Site  
3601 West Thirteen Mile Rd. 2-South  
Royal Oak MI 48073  
248-898-5511 Phone  
248-898-0138 Fax  
248-995-9059 Pager  
**100-RO**  
M-F 9 am–5 pm & Sat 9 am–3 pm

Beaumont Home Medical Equipment  
WBH Troy Hospital Campus Site  
West Lobby Ground Floor Showroom  
44201 Dequindre Rd.  
Troy MI 48085  
248-964-9177 Phone  
248-964-9175 Fax  
248-995-9527 Pager  
**200-TROY**  
M-F 9 am–5 pm & Sat 9 am–3 pm

\*Saturday showroom and patient visit  
hours (9:00 am – 3pm) at Woodward,  
RO & Troy Hospital Campus locations

Beaumont Home Medical Equipment  
Medical Building - Lower Level  
15959 Hall Road Ste. LL 101  
Macomb MI 48044  
586-416-5930 Phone  
586-416-5931 Fax  
M-F 9 am–5 pm



# Beaumont Home Medical Equipment

B R I N G B E A U M O N T H O M E

## Physician Resource Guide

**Beaumont Home Medical Equipment**  
**1200 Stephenson Hwy**  
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### Order & Documentation Requirements for Home Medical Equipment

Beaumont Home Medical Equipment offers high quality home health care equipment and services, and specializes in the rental, sale and service for a wide variety of adaptive and rehabilitative durable medical equipment, oxygen and other clinical respiratory products and services, disposable medical supplies (diabetic, ostomy, wound care, incontinence), enteral nutrition, orthopedic appliances, and much more. Whether at hospital bedside, using our home delivery services, or visiting one of our four convenient showroom locations, Beaumont Home Medical can offer you and your practice the conveniences and choices that work best for you and your patient.

BHME accepts Medicare, Medicaid, most BCBS, as well as most other commercial and managed care health plans, but most third-party insurance plans have varying and different requirements for eligibility and benefits coverage determination. While BHME makes every attempt to obtain and verify this type of information upon order intake, in some cases, we may still need to contact your office again for further, more specific and detailed medical necessity documentation. This supplemental information may once again require your review and signature to be able to properly assist your patient and to submit compliant third-party insurance claims. To help expedite this important process therefore, prescriptions (orders) should always include the following:

- **Patient Demographic Information:** Name, Address, Phone #(s), Date of Birth
- **Primary & Secondary Insurance Information:** Name of Company, Contract / ID#, Group # information
- **Diagnose(s) & Duration of Need as well as Frequency if/as applicable**
- **Physician Signature & Attestation:** Date, Address, Phone & Fax #(s), NPI#

It is important to note that this type of detailed information must also be clearly documented and supported within each patient's medical record. Your attestation via signature guarantees the accuracy and validity of the prescription order information as required by CMS and most other third-party payers. All Durable Medical Equipment providers are bound to these same compliance standards and requirements in order to solicit and receive reimbursement from insurance companies. Our professional staff will continue to make every effort to minimize your paperwork so our collective focus can be on the health and wellness of our patients. Our primary service area includes Wayne, Oakland, Macomb, Monroe, Livingston, Genesee, and Lapeer counties, but we can also provide UPS or FedEx shipment to anywhere in the continental U.S.

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**Fax: 248.743.9111**

## **PRICE “MATCH OR BEAT” POLICY**

**Beaumont Home Medical Equipment** as the equipment and supply provider of William Beaumont Hospital has the ability to assist your patients during their ongoing treatments and therapies. BHME provides hands-on access to state-of-the-art medical equipment and supply options efficiently, professionally, and compassionately. Patient education and ongoing support is an integral part of BHME’s overall commitment to our customers ~ often your patients. While our overall customer care and satisfaction ratings are exemplary, we are often challenged to remain price competitive with commodity-based resellers that provide products only. Their ‘hands-off’ approach, which is often devoid of patient education and seeming indifference to the patients overall well being, serves only to limit virtually every aspect of a speedy, comfortable, and problem-free recovery.

### ***“The Patient is the Center of All We Do”***

To fulfill our price competitive challenge, BHME continues to offer the following criteria for BHME’s “MATCH or BEAT” pricing policy:

BHME guarantees to “MATCH or BEAT” equivalent competitors pricing providing:

- ✓ Consumer provides written/verifiable price quote prior to the transaction
- ✓ Price is NOT a manufacturer and/or single-item or category close-out only
- ✓ Price is NOT exclusively based upon an item or inventory clearance only
- ✓ Price is NOT a ‘special cause’ promotion due to bankruptcy or forfeiture
- ✓ Internet-based only providers may be excluded from this price-match policy

As healthcare professionals working to reach a common goal of health and well being for all, we truly embrace the philosophy that the “Patient is the Center of All That We Do”, and we look forward to the opportunity to service you and all our patients.

If you have any questions or concerns, please feel free to contact any of our BHME managers at 248-549-9715.

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William Beaumont Hospital

# Beaumont Home Medical Equipment

Beaumont Hospital Troy  
West Hospital Lobby – Ground Floor  
(248) 964-9177 Fax (248) 964-9175

Main Retail Store  
32060 Woodward Ave. Royal Oak, MI 48073  
(248) 549-9715 Fax (248) 743-9111

Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## Ambulatory Order / Invoice Form

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**


<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Rehabilitation Services Dept.
Address:	Therapist Name and Tel No:
City:	Physician Name and Signature:
State:                      Zip:	Physician UPIN and Tel No:
Telephone (     )	Anticipated Discharge date:



**Adjustable Straight Canes**

Standard  
 Heavy Duty with various grip styles

HCPC = E0100



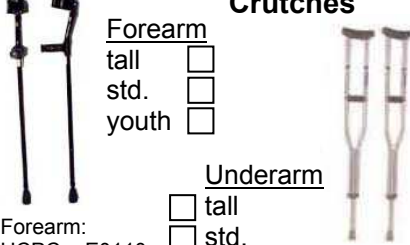
**Adjustable Quad Canes**

Standard  
 small  
 large

Heavy Duty  
 small  
 large

small      large

HCPC = E0105



**Crutches**

**Forearm**  
tall   
std.   
youth

**Underarm**  
 tall  
 std.  
 youth  
 heavy duty >300lbs

Forearm:  
HCPC = E0110


Underarm:  
HCPC = E0114



**Side Stepper Cane (Hemi Walker)**

Standard  
 Heavy Duty

HCPC = E0135



**Adjustable Folding Walker**

Standard  
 adult  
 junior

Heavy Duty  
 adult  
 junior

STD HCPC = E0135  
HD HCPC = E0148



**Adjustable Folding Walker w/ 5" Fixed Wheels**

Standard  
 adult  
 junior

Heavy Duty  
 adult  
 junior

STD HCPC = E0143  
HD HCPC = E0149

**Walker Accessories**

Wheels 5" fixed E0155  
 5" swivel E0155

Glide Brakes E0159

Leg Extensions E0158

Basket E1399

Seat E0156

Tray E1399

Platform Attach E0154



**Invacare® Rollite Walker w/ Seat & Brakes**

HCPC = E0143 & E0156



**3 Wheeled and 4 Wheeled Rollator Walkers**

HCPC = E1399 or E0147

I understand that a physician or therapist has recommended the items shown above, some of which may be non-covered by insurance. I understand that these items are not part of my hospital care, that I am responsible for personal payment of applicable co-payments, deductibles, and/or items not a benefit. I also understand that these items / amounts are payable directly to Beaumont Home Medical Equipment upon receipt, and that all items received are non-returnable and non-refundable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Beaumont Home Medical Equipment

Beaumont Hospital Troy  
West Hospital Lobby – Ground Floor  
(248) 964-9177 Fax (248) 964-9175

Main Retail Store  
32060 Woodward Ave. Royal Oak, MI 48073  
(248) 549-9715 Fax (248) 743-9111

Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## Bath Safety Order / Invoice Form

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**

<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Rehabilitation Services Dept.
Address:	Therapist Name and Tel No:
City:	Physician Name and Signature:
State:                      Zip:	Physician UPIN and Tel No:
Telephone (      )	Anticipated Discharge date:



**Bath Seats**

300lb wt capacity   
400lb wt capacity   
 with back     without back



**Molded Transfer Benches with or without commode opening**

250lb wt capacity   
300lb wt capacity   
500lb wt capacity



**Padded Transfer Benches with or without commode opening**

250lb wt capacity   
300lb wt capacity   
300 lb wt cap. w/ cutout



**Composite Seats and Benches with or without commode opening**

300lb wt capacity bath seat   
300lb wt capacity transfer bench   
 with back     without back



**Commodes**

300lb wt capacity     400lb wt capacity   
300lb wt capacity w/ drop arms   
400 lb wt cap. or greater



**Raised Toilet Seats**

300lb wt cap. w/ arms   
300lb wt cap. w/ no arms   
Other (specify)



**Toilet Assist Rails**

250lb wt capacity   
> 250lb wt capacity



**Hand Held Shower**

Hand held shower   
Hand held shower w/diverter



**Grab Bars**

12"     16"     18"     24"   
Other (specify): \_\_\_\_\_

I understand that a physician or therapist has recommended the items shown above, some of which may be non-covered by insurance. I understand that these items are not part of my hospital care, that I am responsible for personal payment of applicable co-payments, deductibles, and/or items not a benefit. I also understand that these items / amounts are payable directly to Beaumont Home Medical Equipment upon receipt, and that all items received are non-returnable and non-refundable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Beaumont Home Medical Equipment

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Main Retail Store  
32060 Woodward Ave. Royal Oak, MI 48073  
(248) 549-9715 Fax (248) 743-9111

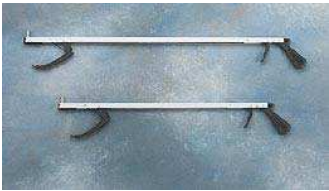
Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## ADL Equipment Order / Invoice Form

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**

<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Rehabilitation Services Dept.
Address:	Therapist Name and Telephone No:
City:	Date equipment requested / issued:
State:                      Zip:	
Telephone (     )	Anticipated Discharge date:



A665008      **26” Reacher**  
 A665009      **32” Reacher**



A665110  
**Reacher Clip**



920566  
**Bendable Long-Handle Bath Sponge**



PCIMP123  
**Sex and Back Pain Book**



A7152 (24” Steel)     A7153 (18” Plastic)  
**Long-Handled Shoe Horns**



C2083 / A75420 or A7545 (Wide)  
**Sock & Stocking Aid w/Cord Handles**



AA8621 (41”) / AA8623 (34.5”)  
**Rigid Webbing Leg Lifters**



**Post-Op. Hip/Knee Complete 4pc.Kit**  
 A665302 (4 pc. Kit w/32” Reacher)  
 A665301 (4 pc. Kit w/ 26” Reacher)



**Elastic / Spyrolastic Shoe Laces**  
 ADC920xxx or ADC606xxx Series



**Toileting Aids/Wiping Aids**  
 A6014 (12” Std.Tong Set)  
 A6219 (15” LongTong Set)



**Toilet Aid Device 10”Long**  
 AA2650 – Standard  
 AA2652 – Foldable

Other (Please describe or specify Sammons Part Number or Manufacturer Part Number: \_\_\_\_\_)

I understand that a physician or therapist has recommended the items shown above, which are non-covered by insurance. I understand that these items are not part of my hospital care, that I am personally responsible for full payment directly to Beaumont Home Medical Equipment upon receipt, and that all items received are non-returnable and non-refundable.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
2008ORDERFORMADLEQUIPMENTJAN2007.DOC

# Beaumont Home Medical Equipment

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(248) 964-9177 Fax (248) 964-9175

Main Retail Store  
32060 Woodward Ave. Royal Oak, MI 48073  
(248) 549-9715 Fax (248) 743-9111

Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## Hand and Exercise Therapy Order / Invoice Form

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**

<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Rehabilitation Services Dept.
Address:	Therapist Name and Telephone No:
City:	Physician Name and Signature:
State:                      Zip:	Physician UPIN and Tel No:
Telephone (     )	Anticipated Discharge date:



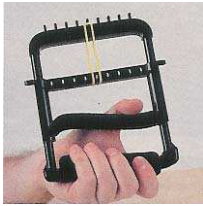
HCPC: A9300    Ins: N  
TheraPutty 3 oz. Tub



HCPC: A9300    Ins: N  
Microwaveable Exercise Putty



HCPC: A9300    Ins: N  
Digiflex Hand-Finger Exerciser



HCPC:A9300    Ins: N  
Basic Ergonomic Hand Exerciser



HCPC: A9300    Ins: N  
Hand Exercisers Foam



HCPC: A9300    Ins: N  
Hand Helper II Hand Exerciser



HCPC: A9300    Ins: N  
Eggserciser Hand Exerciser



HCPC: A9300    Ins: N  
TheraBand Resistive Ex. Band



HCPC: A9300    Ins: N  
TheraBand Resistive Tubing

I understand that a physician or therapist has recommended the items shown above, some of which may be non-covered by insurance. I understand that these items are not part of my hospital care, that I am responsible for personal payment of applicable co-payments, deductibles, and/or items not a benefit. I also understand that these items / amounts are payable directly to Beaumont Home Medical Equipment upon receipt, and that all items received are non-returnable and non-refundable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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West Hospital Lobby – Ground Floor  
(248) 964-9177 Fax (248) 964-9175

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Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## Wrist & Hand Support Order / Invoice Form

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**

<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Rehabilitation Services Dept.
Address:	Therapist Name and Tel No:
City:	Physician Name and Signature:
State: Zip:	Physician UPIN and Tel No:
Telephone ( )	Anticipated Discharge date:



HCPC: L3908 Ins: Y  
D-Ring Wrist Brace



HCPC: L3908 Ins: Y  
Lace Up Wrist Brace



HCPC: L3908 Ins: Y  
Cock Up Wrist Brace



HCPC: L3908 Ins: Y  
Wrist & Thumb Spica



HCPC: L3909 Ins: N  
Wrist Support Wrap-on



HCPC: L3909 Ins: N  
Thumb Support Wrap-on



HCPC: L xxx Ins: N  
Isotoner Gloves



HCPC: L3999 Ins: N  
Thumb Keeper Splint



HCPC: L xxx Ins: N  
Functional Splint

I understand that a physician or therapist has recommended the items shown above, some of which may be non-covered by insurance. I understand that these items are not part of my hospital care, that I am responsible for personal payment of applicable co-payments, deductibles, and/or items not a benefit. I also understand that these items / amounts are payable directly to Beaumont Home Medical Equipment upon receipt, and that all items received are non-returnable and non-refundable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Beaumont Hospital Royal Oak  
2-South  
(248) 898-5511 Fax (248) 898-0138

## MLD Lymphedema Wrapping/Bandaging Order Form & Price List

Date of Service \_\_\_\_\_

Payment Terms: **Due upon receipt**

<b>Bill To:</b>	<b>Deliver / Ship To:</b>
Name:	WBH – Department & Mail Code
Address:	Therapist/Clinician Name and Tel No:
City:	Physician Name and/or Signature:
State:                      Zip:	Physician Telephone::
Telephone (      )	Anticipated Date of Need:



- 1" Roll, Pk24     4" Roll, Pk12   
 2" Roll, Pk24     5" Roll, Pk12   
 3" Roll, Pk24     6" Roll, Pk12



- 10cm x 3m     15cm x 3m



- 6cm x 20m     10cm x 20m   
 8cm x 20m     12cm x 20m



- 4cm x 4m     6cm x 4m



- 6cm x 20m RL     10cm x 20m RL   
 8cm x 20m RL     12cm x 20m RL



- 10mm x 100cm x

I understand that by submitting this order form that I am authorizing the provision of the above itemized products and charges from William Beaumont Hospital, d.b.a. Beaumont Home Medical Equipment, and I understand that I am personally and fully responsible for payment for these products furnished to me. I understand that a physician or therapist may have recommended these items and I understand that these items are not part of my inpatient or outpatient hospital care, and that I am financially responsible for the payment of applicable co-payments, deductibles, and/or items not a benefit. I am therefore either providing pre-payment via a check or via a signature authorization below to apply the charges to my credit card for any of the products and/or services furnished to me at my request. I also understand that since these products are personal care/use items, that they are wholly non-returnable & non-refundable once they have been ordered and/or dispensed to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Beaumont Home Medical Equipment

## MLD Lymphedema Wrapping / Bandaging Order Form and Product Price List

Item and Description	Mfg.Item #	BHME Item#	Pkg.Price	Ea Price	Qty
Comprilan 6cm x 20m bandage RL	1026000	WM1026	\$ 12.00	\$ 12.00	
Comprilan 8cm x 20m bandage RL	1027000	WM1027	\$ 14.00	\$ 14.00	
Comprilan 10cm x 20m bandage RL	1028000	WM1028	\$ 16.00	\$ 16.00	
Comprilan 12cm x 20m bandage RL	1029000	WM1029	\$ 18.00	\$ 18.00	
Tricofix 6cm x 20m Stockinette RL	2195	WM2195	\$ 35.00	\$ 35.00	
Tricofix 8cm x 20m Stockinette RL	2197	WM2197	\$ 40.00	\$ 40.00	
Tricofix 10cm x 20m Stockinette RL	2198	WM2198	\$ 45.00	\$ 45.00	
Tricofix 12cm x 20m Stockinette RL	2199	WM2199	\$ 50.00	\$ 50.00	
Artiflex 10cm x 3m pad bandage EA	9046	WM9046	\$ 165.00	\$ 5.50	
Artiflex 15cm x 3m pad bandage EA	9047	WM9047	\$ 155.00	\$ 7.75	
Elastomull 1" x 4.1yd NS Roll Pk24	2088000	WM02088000	\$ 10.00	N/A	
Elastomull 2" x 4.1yd NS Roll Pk12	2089000	WM02089000	\$ 8.00	N/A	
Elastomull 3" x 4.1yd NS Roll Pk12	2101000	WM2101000	\$ 8.00	N/A	
Elastomull 4" x 4.1yd NS Roll Pk12	2102000	WM2102000	\$ 12.00	N/A	
Elastomull 6" x 4.1yd NS Roll Pk6	2103000	WM02103000	\$ 10.00	N/A	
Transelast Classic Bandage 4cm x 4m Bx20	55977901	WM55977901	\$ 21.00	N/A	
Transelast Classic Bandage 6cm x 4m Bx20	55977902	WM5597902	\$ 25.00	N/A	
Komprex Foam 10mm x 100cm x 50cm	55978008	WM5597008	\$ 65.00	N/A	

I understand that by submitting this order form that I am authorizing the provision of the above itemized products and charges from William Beaumont Hospital, d.b.a. Beaumont Home Medical Equipment, and I understand that I am personally and fully responsible for payment for these products furnished to me. I understand that a physician or therapist may have recommended these items and I understand that these items are not part of my inpatient or outpatient hospital care, and that I am financially responsible for the payment of applicable co-payments, deductibles, and/or items not a benefit. I am therefore providing pre-payment via a check or via a signature authorization below to apply the charges to my credit card for any of the products and/or services furnished to me at my request. I also understand that since these products are personal care/use items, that they are wholly non-returnable & non-refundable once they have been ordered and/or dispensed to me.

**PLEASE ENCLOSE A CHECK OR FURNISH COMPLETE CREDIT CARD INFORMATION BELOW**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 VISA    MASTERCARD    DISCOVER   Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Note: A flat \$7.00 Shipping Fee & 6% MI Sales Tax Will Be Added to Each UPS Order  
 Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_