

**CERTIFICATE OF MEDICAL NECESSITY
FOR RENTAL OF DME FOR HOMEBIRTH**

=====

Patient Name _____ DOB _____

Address _____ Telephone _____

Insurance Carrier / Certificate # _____

Supplier Name _____ Telephone _____

Address _____ NPI _____

Availability from [4 weeks before EDD] _____ to _____ [3 weeks after EDD]

Diagnosis Code (ICD-9): _____ EDD: _____ Place of Service: _____

In order to be able to provide the standard of care during the time you are in active labor in your home, you will need to have the following equipment available:

HCPCS Codes	DME Description (This DME is not custom made.)	Rental Fee	Purchase Price
S8415	Supplies for Homebirth (Disposable): Sterile/nonsterile gloves, Sterile Gauze, Germicidal / Hibiclens, Bulb Syringe, Lubricating Jelly, Peri Bottle, Extra heavy, Overnight, Super OB pads, Depends pads and undergarments, Povidone, ThermaCare, Peri Cold Packs, Coupling Gel, Newborn Cap, AmniHook, TENS disposable electrodes, AquaDoula Disposable Liner	\$197.00	\$197.00
A4550	Sterile Equipment Tray: 3 scissors, 4 hemostats, 2 needle holders, 1 Averbach Cord Bander, Suture Setup	\$125.00	\$348.50 + sterilization services
E0445	BCI FingerPrint Pulse Oximeter 3401	\$70.00	\$692.90
E1399	Huntleigh Fetal Assist Electronic Fetal and Contraction Monitor with Docking Station	\$160.00	\$6425.00
E0731	BabyCare Elle Obstetric TENS	\$10.00	\$203.73

Although I do not know of any local agencies that will provide on-call rental of these pieces of specialty equipment, you may wish to work with your insurance company to locate an agency that might provide this service.

Alternatively, I will provide short-term, on-call rental of this necessary safety equipment for the duration of your need at the above rates.

I certify that I am the treating practitioner

Signature _____ Date _____