

Evaluated By: _____
 Mark For: _____
 Date: _____
 Account #: _____

Company: _____
 Address: _____
 Phone: _____

GC322 - COMPANION II SCOOTER - (3) Three Wheel

K0801

Totals

GC322 **COMPANION II - 3 Wheel Scooter**
 350 lb weight capacity **\$2,799.00**

STANDARD COLORS - Please Choose One!

Red **Blue**

BASIC EQUIPMENT PACKAGE FOR POWER OPERATED VEHICLES

- | | |
|--|--|
| (2) 12 Volt - U1 Batteries | 18" W X 16" D Black Vinyl Stadium Seat |
| Battery Charger | (1) 9" Flat Free Front Tire |
| Non-Expandable Controller w/
Proportional Response to Input | (2) 10" Flat Free Rear Tires |
| | Adjustable Tiller |

SPECIFICATIONS

Model	Length	Width	Turning Radius	Top Speed	Range* (miles)
GC322 - 3 wheel	46"	24"	48"	5.8 mph	21 miles

* Battery range will vary due to rider weight, drive surface and drive slope

WARRANTY

- | | | |
|---------------------------------------|---|---------------------------------------|
| Metal Frame - Limited Lifetime | Battery Charger - 1 Year | Controller - 1 Year |
| Drive Train - 3 Years | Electrical Components** - 1 Year | ** Does not include Batteries. |

OPTIONAL SEATING - Additional Charges Apply

Please Choose Color	Stadium Style Seat Sizes	Two-Tone Captain's Chair														
<input type="checkbox"/> Charcoal Vinyl	<table border="1"> <tr> <td rowspan="2">Select One!</td> <td colspan="3">Width</td> </tr> <tr> <td>16"</td> <td>18"</td> <td>20"</td> </tr> <tr> <td rowspan="2">Depth</td> <td>16"</td> <td></td> <td></td> </tr> <tr> <td>18"</td> <td></td> <td></td> </tr> </table>	Select One!	Width			16"	18"	20"	Depth	16"			18"			<input type="checkbox"/> 18" W X 18" D
Select One!	Width															
	16"	18"	20"													
Depth	16"															
	18"															
<input type="checkbox"/> Nubuck Vinyl		\$198.00														

OPTIONAL ACCESSORIES - Additional Charges Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Quad Cane Holder E2207 \$97.00 | <input type="checkbox"/> Rear Basket \$60.00 | <input type="checkbox"/> Stump Support \$278.00 |
| <input type="checkbox"/> Side View Mirror n/a \$38.00 | <input type="checkbox"/> Scooter Cover \$98.00 | <input type="checkbox"/> Seat Slide* \$75.00 |
| <input type="checkbox"/> Cane Holder Tube E2207 \$40.00 | <input type="checkbox"/> Pack N' Go \$52.00 | <input type="checkbox"/> Flag* \$16.00 |
| <input type="checkbox"/> Crutch Holder Tube E2207 \$70.00 | <input type="checkbox"/> Cup Holder \$35.00 | <input type="checkbox"/> Lap Belt E0978 \$38.00 |
| <input type="checkbox"/> Oxygen Tank Holder E2208 \$110.00 | * Not available on standard seat. | |
| <input type="checkbox"/> Walker Holder K0108 \$92.00 | | |

ASSIGNMENT OF A HCPCS CODE DOES NOT INDICATE COVERAGE OR PAYMENT FOR THE ITEM.

The intent of this form is as a Medicare Worksheet and not an Order Form. Prices listed are the Golden Technologies MSRP for each product and they are not the allowables for Medicare.

\$
\$
\$
\$
Total Cost

POV BASIC EQUIPMENT PACKAGE

POV Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation

K0801

COVERAGE CRITERIA

\$2,084.22

Note: For any item to be covered by Medicare, it must

- be eligible for a defined Medicare benefit category,
- be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
- meet all other applicable Medicare statutory and regulatory requirements.

A POV is covered if the following criteria are met:

- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely, or
 - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the patient from completing an MRADL within a reasonable time frame.
- The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- The patient does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

- The patient is able to:
 - Safely transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position while operating the POV in the home.
- The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient's weight is less than or equal to the weight capacity of the POV that is provided.
- Use of a POV will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home.
- The patient has not expressed an unwillingness to use a POV in the home.

If a POV will be used inside the home and coverage criteria A-I are not met, it will be denied as not medically necessary.

If a Group 2 POV is provided and coverage criteria for a POV are met, payment will be based on the comparable Group 1 POV.

REQUIRED DOCUMENTATION

- Valid prescription containing all 7 mandated elements
- Detailed product description listing all billable options
- All relevant chart notes/assessments/progress notes, etc from physician/clinician
- Proof of Face-to-Face examination with date it was received clearly indicated
- Home assessment

ADVANCE BENEFICIARY NOTICE (ABN)

An Advanced Beneficiary Notice (ABN) is a written notice you can give to a Medicare beneficiary before you provide a beneficiary for upgrades or any item or service that you expect Medicare will deny for the following reasons:

- lack of medical necessity
- prohibited, unsolicited telephone contacts
- no supplier number
- an item that you submitted for an Advance Determination of Medicare Coverage (ADMC) where the DME MAC denied the ADMC request.

All information compiled above is readily available from the Medicare offices of the US Government. None of the information presented above should be considered legal or billing advice for any particular claim. Suppliers using this document must assume all responsibility for assigning the proper billing codes, as well as all other documentation required by Medicare.