

**Alpha-Stim 100  
Certificate of Medical Necessity**

**I. Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_ Ht: \_\_\_\_\_ Weight: \_\_\_\_\_

**II. Medical Necessity**

Complete Diagnosis: 1) \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_  
2) \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_  
3) \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Prognosis:  
\_\_\_\_\_  
\_\_\_\_\_

Medically Necessary for:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Estimated Length of Need:</b>	<b>Months</b>	<b>Years</b>
Life _____	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10

Please list all other less costly methods used and why the have not met the patient's needs:

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Has the patient tried the Alpha Stim 100 Unit in therapy? Y N (Please Explain)

\_\_\_\_\_  
\_\_\_\_\_

What supplies will the patient need with the Alpha Stim 100 unit?

Felt Electrodes, 200/pk	Electrodes, 1/5". 4/pk	Alpha Conducting Solution 250 ml
Ear Clip Electrodes, 2/pk	48" lead wires	

**III. Prescribing Physician & Clinic Information: (Please Print)**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
UPIN #: \_\_\_\_\_ License #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_