

**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:

Estimated Length of Need:	Months	Years
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: _____