



National Medical Supply, Inc.
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NSC#: 4200880001

Client Name: _____ Client ID: _____

Medicare Wrap Around Knee Support Questionnaire

- 1) Knee instability must be documented by examination of the beneficiary and objective description of joint laxity. (e.g., varus/valgus instability, anterior/posterior Drawer Test)

Medicare will deny if only pain or a subjective description of joint instability is documented.

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____