

**APPENDIX I**  
**CERTIFICATION FOR: Group I Prevention Mattresses and Pressure Pad**

**Alliant GMCF**  
**PA/UM Department**  
**PO Box 105329**  
**Atlanta, GA 30346**

Member's Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Risk factors for decubitus: (Check all applicable)

- Altered mobility
- Bedbound
- Poor nutritional status
- Incontinence of Bladder or Bowel
- Increased pressure over bony prominences
- Edema

Does the member presently have decubitus ulcers or skin irritation?

- Yes
- No

Stage of decubitus, if present:

- I
- II
- III
- IV

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Address: \_\_\_\_\_

\_\_\_\_\_  
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