

DME Prior Authorization Standard Request Form

 Requesting Provider Fax Number: _____
 Date of Request: _____
 Total Number of pages _____

**PLEASE NOTE: Processing time for a Standard Authorization Request is 14 Calendar Days.
 For urgent requests, please call 800-564-5465 to submit an authorization.
 This will ensure optimal processing times.**

Member Information

Member Name: _____ Member ID #: _____ DOB: _____

 Other Insurance: Yes No If yes, please specify: _____ Phone #: _____

Ordering Provider Fax Number:

Physician Name: _____ TIN/NPI#: _____

Address: _____ Phone #: _____

Request completed by: _____ Fax Number: _____

Vendor Information

Vendor Name: _____ TIN/NPI#: _____

Address: _____ Phone #: _____ Fax #: _____

Date of Service: _____

 Is this a hospital discharge? Yes No

Diagnosis Code(s): _____

RENTAL REQUEST

HCPC Code	Description of Ordered Product	Rental Date Span	Rental Price Per Item

PURCHASE/SUPPLY REQUEST

HCPC Code	Description of Ordered Product	Deliver Date	Price Per Item	Quantity (Billed Items)

Authorization does not guarantee payment. All authorizations are subject to member eligibility on the date of service. If member is determined ineligible, the member may be responsible for these services. To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service. Verify benefit coverage in the benefit matrix located in the Member Handbook.