



Durable Medical Equipment Prior Authorization Request Form

Disclaimer statements and attestation

Prior Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract.

MEMBER INFORMATION

Member ID#:	Last Name:	First Name:
Phone Number:	Date of Birth:	Gender: M F
Street Address:	City, State, Zip:	
Is Member Being Discharged From an Inpatient Facility? Yes No		

ORDERING PHYSICIAN INFORMATION

Ordering Physician Name:	Ordering Physician NPI Number:
Ordering Physician Phone Number:	Ordering Physician Fax Number:

DME PROVIDER INFORMATION

DME Provider Name:	NPI Number:
Street Address:	City, State, Zip:
Phone Number:	Fax Number:

REQUEST FOR SERVICES

Request Date:	Expected Delivery Date of DME:
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DESCRIPTION OF DME ITEMS NEEDED

HCPCS Code:	Number of Units:	Description:
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Additional Codes:

Type of request:	Initial Device rental	Continued Rental	Replacement	Purchase
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If Continued Rental, Date DME Delivered:	If Continued Rental, Date of Service:
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Primary ICD10 Code(s):			
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CONTINUITY OF CARE INFORMATION

Effective Date of Insurance:	Initial Start Date of Rental Period:
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Start Date of Current Authorization:	End Date of Current Authorization:
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Months Left on Capped Rental:

To request prior authorizations for DME, log onto www.evicore.com for online submissions, or fax all of the following documents to [866.663.7740](tel:866.663.7740)

1. This completed form
2. Current physician's order/script
3. Current detailed invoice listing all requested equipment (if required)
4. Current clinical related to request (i.e., patient history, progress notes and physical exams)

Call **866.686.4452** to speak with an eviCore healthcare representative

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