

Disclaimer Statements and Attestation

Pre-certifications 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: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:	City, State, Zip:	
Is Member Being Discharged from an Inpatient Facility?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:
---------------	--------------------------------

DESCRIPTION OF DME ITEMS NEEDED

HCPCS Code:	Number of Units:	Description:
HCPCS Code:	Number of Units:	Description:
HCPCS Code:	Number of Units:	Description:

Additional Codes:

Type of request: Initial Device rental Continued Rental Replacement Purchase

If Continued Rental, what is the Date DME Delivered: If Continued Rental, what is the Date of Service:

Primary ICD10 Code(s):

CONTINUITY OF CARE INFORMATION

Effective Date of Insurance:	Initial Start Date of Rental Period:
Start Date of Current Authorization:	End Date of Current Authorization:

Months Left on Capped Rental:

RETROACTIVE REQUEST INFORMATION

Is this a Retroactive Request? Yes No Delivery Date:

To request Pre-certifications for DME, log onto www.evicore.com for online submissions, or fax all of the following documents to 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 requests (i.e., patient history, progress notes and physical exams)

Call **800.298.4806** to speak with an EviCore representative

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Updated February 2026