

# DME AUTHORIZATION FORM

Date: \_\_\_\_\_ Auth #: \_\_\_\_\_

Fax to: **502-585-7990**

PHP R.N. Initials: \_\_\_\_\_

Attn: **PHP DME**

## MEMBER INFORMATION

MEMBER'S NAME \_\_\_\_\_ AUTHORIZATION NUMBER \_\_\_\_\_

PASSPORT ID \_\_\_\_\_ MEMBER'S DOB \_\_\_\_\_

## PROVIDER INFORMATION

	MD INFORMATION	DME PROVIDER INFORMATION
NAME		
PROVIDER ID	N/A FOR MD	
ADDRESS		
PHONE		
FAX		
PHP DME PROVIDER NUMBER	N/A FOR MD	
CONTACT NAME	N/A FOR MD	

## DME INFORMATION

Rental:  Yes  No

Purchase:  Yes  No

Date Range for Rental: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

LINE #	DESCRIPTION	HCPCS	QUANTITY	BILLABLE CHARGES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please attach documentation on the member's abilities and limitations as they relate to the need for the equipment.

Call 1-800-578-0636 ext. 7310 with any questions or for further information.