



DME Request Form

Instructions: To process your request without delay, this form must be completely filled out including:

- ✓ Physician's order/ script
- ✓ Necessary documents to support request

Fax this form and relevant chart notes to 517.364.8409 Monday through Friday, 8am-5pm, except holidays

Patient Information		Prescriber Information	
Today's date:	Provider name:		
Member name:	Office phone:		
Member's PHP ID#:	Office fax:		
Date of birth:	Office contact:		
Treatment/Request Information			
<input type="checkbox"/> New Request <input type="checkbox"/> Extension, authorization # _____			
ICD-10 Diagnosis code:	If new request, date item(s) dispensed:	Dates of service:	
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
DME Vendor:	DME Vendor Contact Person:		
Phone:	Fax:		
Address: <i>(include city, state, zip)</i>			
Documentation attached with additional codes or information: <input type="checkbox"/> Yes			
OUTCOME (PHP use only)			
<input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved with changes Authorization number: _____			
Items approved: _____			
Dates of service: From: _____ To: _____			
PHP MRM Reviewer Name: _____ Date: _____			

07.11.2017