



## DME Request Form

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

- ✓ a 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 # _____		
ICD10 Diagnosis code:	HCPCS Code:	
DME Description:	Retail price:	
If new request, date item(s) dispensed:	Dates of service:	Quantity:
DME Vendor:	DME Vendor Contact Person:	
Phone:	Fax:	
Address: <i>(include city, state, zip)</i>		
Other documents attached:		

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: _____	

03.14.17