



FIDELIS CARE®

Durable Medical Equipment (DME) Request

Form Must Be Filled Out Completely And Legibly

Applicable products: Managed Medicaid, Child Health Plus (CHP), Family Health Plus (FHP), Medicare Advantage, Required for:, Managed Medicaid, CHP, FHP and Medicare Advantage

Fax: (800) 860-8720

Questions: (877) 452-7020

Patient / Member Information		
Fidelis Care Member Name(Last, First, M.I.):	Fidelis Care Member ID #:	Date of Birth(mm/dd/yyyy):
Provider Information		
Name/Title:	Address(City, State ,Zip):	Phone # (include area code):
Provider Tax ID #: 42-1685996	Provider (NPI):	Fax # (include area code):
Ordering Doctor Name:	Provider NPI:	Address(City, State ,Zip)/Phone #:
DME Services		
DME	ICD 10 Code(s) and Descriptions	
CPT/HCPCS Code(s) and descriptions:	Quantity:	
<ul style="list-style-type: none"> This form is to be filled out in its entirety for Initial/Concurrent requests; please fax to 1-800-860-8720. You will be notified of the service determination within three (3) business days for initial requests and, one (1) business day for concurrent requests. All requests for services require additional clinical information to support the requested service(s), including but not limited to: History & Physical, previous diagnostic tests, and consultation reports. Confirmation and/or authorization do not guarantee that benefits will be paid. Payment of claims is subject to member eligibility. 		