



Durable Medical Equipment Prior Approval Request Form

Disclaimer statements and attestation

Prior Approvals 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: M F
Street Address:	City, State, Zip:	

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:	Start Date of Service:
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DESCRIPTION OF DME ITEMS NEEDED

HCPCS Code:	Description:
HCPCS Code:	Description:
HCPCS Code:	Description:
Additional Codes:	

Type of request: Initial Device rental	Rental to Purchase	Replacement	Purchase
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:	

To request Prior Approval 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 certificate or letter of medical necessity
5. Current clinical related to request (i.e., patient history, progress notes and physical exams)

Call **866-417-2345**
(options 3,4)
to speak with an eviCore
healthcare representative

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