



## Durable Medical Equipment (DME) Prosthetics Orthotics & Supplies Request Form

Expedited/Urgent requests may be made by members or in-network (INN) providers and will need to include the ordering physician's script or order. The justification requires that *"waiting for a decision under a standard timeframe could endanger the member's life, health, or ability to regain maximum functionality or would cause serious pain."* Please complete all fields. To see the list of DME services requiring prior authorization, go to UHCCommunityPlan.com.

To avoid delays, send all relevant clinical data to support the request for services including prescriptions from the ordering physician to the appropriate fax number noted below. Failure to provide sufficient information may delay a response to your request.

### DME Vendor

Date: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ **HIPAA secure fax line?**  Yes  No  
 DME Provider: \_\_\_\_\_ TIN/NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of service: \_\_\_\_\_  In-network  Out-of-network  
 Will out of network provider accept Medicaid/Medicare default rate?  Yes  No

### Member Information

Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Member preferred phone number: (\_\_\_\_) \_\_\_\_\_  
**Does the member have other insurance?**  Yes  No **If yes, Medicare**  Part A  Part B  
**Other insurance name and policy #** \_\_\_\_\_

### Ordering Physician

Date: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Ordering physician: \_\_\_\_\_ TIN/NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ **HIPAA secure fax line?**  Yes  No  
 Date of service: \_\_\_\_\_ In-network  Out-of-network   
 Will out-of-network provider accept Medicaid and/or Medicare default rate?  Yes  No

### Clinical Information

Clinical documentation attached :  Yes /  No Prescription:  Yes /  No  
 Diagnoses code: \_\_\_\_\_  
 HCPC code(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Miscellaneous and/or unlisted codes **description required**: \_\_\_\_\_  
 \_\_\_\_\_  
 DME Cost: \$ \_\_\_\_\_  Rental  Purchase  Renewal Request  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Please return the completed form via secure fax to the number for the member's state of enrollment:**

AZ – 888-899-1499	KS – 866-943-6474	NE – 866-622-1428	RI – 866-950-7757
DE – 877-877-8230	MA – 888-840-6450	NJ – 888-840-9284	TN – 800-743-6829
FL – 866-607-5975	MD – 888-899-1681	NY – 866-950-4490	TX – 877-940-1972
Hawaii – 800-267-8328	MS – 888-310-6858	OH – 866-839-6454	WA – 855-554-2152
IA – 888-899-1680	MI – 855-225-9847	PA – 877-310-3826	WI – 800-897-8317