Sentara® Health Plans

DME request form for government programs

Medicaid requests	Fax number
Routine	**1-844-348-3720**
Urgent	**1-844-857-6409**
	*Please note, National Committee of Quality Assurance (NCQA) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.

Check here if urgent: ☐

Important: Please submit supportive clinical documentation to substantiate the need for service, including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports. Submit required photos to **SHPphoto@sentara.com**. ***For Medicaid requests only, DMAS CMN 352 is required***
Visit our list of codes that require or do not require authorization at: **pal.sentarahealthplans.com**.

Member information		
Name:	**DOB:**	**ID#:**
Diagnosis code(s):		

Diagnostic services					
HCPC code(s)	**Circle one: units per month/ total units**	**Description**	**Rental or purchase**	**Start date**	**End date**

Additional codes:	

Enteral nutrition	
Formula name and HCPC code	

Feeding method	**Calories/day**	**OTC**

Completed by				
Name:				
Phone:	**Ext:**		**Fax:**	

Requesting provider		
Name:	**Group name:**	
NPI:	**Tax ID:**	
Phone:	**Fax:**	

Treating provider/facility		
Name:	**Group name:**	
NPI:	**Tax ID:**	
Phone:	**Fax:**	

Additional information: