



PO Box 66189  
Virginia Beach, VA 23466

# Authorization Request form for Commercial Durable Medical Equipment (DME)

**Authorization requirements can be found at [pal.sentarahealthplans.com](https://pal.sentarahealthplans.com).**

Priority	Fax Number
Nonurgent	757-431-7761 1-844-723-2094
Urgent	757-822-6205 1-844-715-6322

Note: Both local and toll-free fax numbers have been listed. Please do not fax to both fax numbers as this may delay processing your request.

***Check here if urgent***

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**The National Committee for Quality Assurance (NCQA) defines an urgent request as a request for medical care or services where application of the time frame for making routine or non-life threatening care determinations:**

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgement, *or*
- Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, *or*
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Please submit clinical documentation to support medical necessity to the appropriate fax number. For required photos, submit them to [SHP COMM Photos@sentara.com](mailto:SHP_COMM_Photos@sentara.com).

## Member Information

<b>Name:</b>	<b>DOB:</b>	<b>ID#:</b>
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Diagnosis Code(s):	
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## DME Items

HCPC Code(s)	Circle one: Units per month/ Total Units	Description	Rental or Purchase	Start Date	End Date


### Enteral Nutrition

<b>Formula Name &amp; HCPC Code</b>					
<b>Feeding Method</b>	<b>Calories/Day</b>	<b>Comment</b>			

### Completed By

<b>Name:</b>					
<b>Phone:</b>		<b>Ext:</b>		<b>Fax:</b>	

### Requesting Provider

Provider ordering the item

<b>Name:</b>					
<b>NPI:</b>				<b>Tax ID:</b>	
<b>Phone:</b>				<b>Fax:</b>	

### Treating Provider/Facility

Company fulfilling the order

<b>Name:</b>					
<b>NPI:</b>				<b>Tax ID:</b>	
<b>Phone:</b>				<b>Fax:</b>	

<b>Place of Service:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Other (Please specify) _____				
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