

Commercial Plans: DME Authorization Request Form

PO Box 66189
Virginia Beach, VA 23466

Please submit via the provider portal or
fax to **757-431-7758** or **1-844-668-1551**

Date of Service: _____

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

Diagnosis Code(s): _____ / _____ / _____ / _____

Diagnosis: _____

Provider Information

Full Name of Requesting Provider: _____

Phone: _____ Fax: _____

Sentara Provider#: _____ NPI#: _____ Tax ID#: _____

Full Name of Ordering Physician: _____

Phone: _____ Fax: _____

Sentara Provider#: _____ NPI#: _____ Tax ID#: _____

Person Completing Form: _____

Phone: _____ Fax: _____

Date of Service	Requested Codes	Quantity	Rental or Purchase	Left or Right

Comments: _____

