

DME Request Form

Medallion:

Ph: 1-800-727-7536

Fax: 1-800-827-7192

MLTSS:

Ph: 1-877-719-7358

Fax: 1-877-739-1371



Member Info:		*Required
Name:	DOB:	ID#:
*Member Address:		
*Member Contact Information:		

HCPCS Code(s)	Diagnosis	Description of Item	# of Units	Rental (R) or Purchase (P)	Date of Service

Ordering Provider:		*Required
Name:	Group Name:	
*NPI:	*Tax ID:	
Address:		
Ph:	Fax:	

Vendor Providing DME:	Same As Ordering Provider
Vendor Name:	
*NPI:	*Tax ID:
Address:	
Ph:	Fax:

Requestor		
Name:		
Ph:	Ext:	Fax:

Important: Please submit supportive clinical documentation to substantiate the need for DME including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.	
Oxygen requests require O2 saturation.	CPAP: Convert to purchase requests require CPAP download for a 30-day period.
Hospital beds: Please include weight.	All DME requests require a signed and dated order.