![Sentara Health Plans logo]

Pre-Authorization Request form for Medicare DME

Authorization requirements can be found at **pal.sentarahealthplans.com/**

Priority	Fax Number
Standard	844-220-9566
Expedited	844-220-9673

Check here if expedited ☐

The Centers for Medicare and Medicaid Services (CMS) 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.

Please submit clinical documentation to support medical necessity to the appropriate fax number. For required photos, submit to SHPphoto@sentara.com.
Important: For DME that is only covered by Medicaid, a DMAS form 352 (CMN) is required.

Member Information

Name:		DOB:	ID#:
Diagnosis Code(s):			

DME Items

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

Enteral Nutrition

Formula Name & HCPC code	
Feeding Method	**Calories/Day**	**OTC**

Completed By **(the provider submitting the request)**					
Name:					
Phone:		**Ext:**		**Fax:**	

Requesting Provider **(the provider ordering the item)**			
Name:			
NPI:		**Tax ID:**	
Phone:		**Fax:**	

Treating Provider/Facility **(the company fulfilling the order)**			
Name:			
NPI:		**Tax ID:**	
Phone:		**Fax:**	

Additional Information:

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