

DME request form for government programs

Medicaid requests	Fax number	Medicare or D-SNP requests	Fax number
Routine	757-963-9623 or 1-844-348-3720	Routine	757-963-9625 or 1-844-220-9566
Urgent	757-837-4704 or 1-844-857-6409	Urgent	757-963-9626 or 1-844-220-9673

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:
