

## DME request form for government programs

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

**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

<b>Name:</b>	<b>DOB:</b>	<b>ID#:</b>
<b>Diagnosis code(s):</b>		

### Diagnostic services

HCPC code(s)	Circle one: units per month/ total units	Description	Rental or purchase	Start date	End date
<b>Additional codes:</b>					

<b>Enteral nutrition</b>					
<b>Formula name and HCPC code</b>					
<b>Feeding method</b>		<b>Calories/day</b>		<b>OTC</b>	
<b>Completed by</b>					
<b>Name:</b>					
<b>Phone:</b>		<b>Ext:</b>		<b>Fax:</b>	
<b>Requesting provider</b>					
<b>Name:</b>			<b>Group name:</b>		
<b>NPI:</b>			<b>Tax ID:</b>		
<b>Phone:</b>			<b>Fax:</b>		
<b>Treating provider/facility</b>					
<b>Name:</b>			<b>Group name:</b>		
<b>NPI:</b>			<b>Tax ID:</b>		
<b>Phone:</b>			<b>Fax:</b>		

**Additional information:**

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