

	rizations will be	given for medi	cally ne	y and to the limita	s only: i ations a) it is not a guarantee of payment. and exclusions of the member's contract.	
MEMB Member ID#:			ER INFORMATION Last Name:		l	First Name:	
Phone Number:			Date of Birth:			Gender: M F	
Street Address:			Date	City, State, Zip:			
Is Member Being Discharg	red From an Ir	natient Facili	itv?		,. No		
IS WEITBET DEING DISCHAR	-	•	-	CIAN INFORM		NC	
Ordering Physician Name:			11101	Ordering Physician NPI Number:			
Ordering Physician Phone Number:				Ordering Physician Fax Number:			
				ER INFORMATION			
DME Provider Name: NPI Number:							
Street Address:				City, State, Zip:			
Phone Number:				Fax Number:			
				OR SERVICES			
Request Date:				Expected Delivery Date of DME:			
DESCRIPTION OF DME ITEMS NEEDED							
HCPCS Code: Number of Units: Description:							
HCPCS Code:				escription:			
HCPCS Code:				escription:			
Additional Codes:		111(3).	Dese				
Type of request: Initial D	evice Rental	Cont	tinued	Rental	Re	placement Purchase	
If Continued Rental, Date DME Delivered:			If Continued Rental, Date of Service:				
Primary ICD10 Code(s):							
	C				<i>ι</i> δτις		
CONTINUITY OF CARE INFORMATION Effective Date of Insurance: Initial Start Date of Rental Period:							
Start Date of Current Authorization:			End Date of Current Authorization:				
Months Left on Capped Rental:							
Month's Left on capped it		TROACTIVE		QUEST INFOF	гмат	ION	
Is this a retroactive reque		Delivery				ct the reason for the retroactive request	
			ble to provide Natural Disaster				
					Natural Disaster		
Out of Network Provider and part of continuity of care				None of the Above			
	orizations for	DME, log or	nto wv	vw.evic <u>ore.cor</u>	n f <u>or o</u>	online submissions, or fax all of the	
				nts to 866.663			
 This completed form Current physician's order/script Current detailed invoice listing all requested equipment (if required) Current clinical related to request (i.e., patient history, progress notes and physical exams) 				Call 866.525.5029 to speak with an eviCore healthcare representative			

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