



DME FAX

AUTHORIZATION REQUEST FORM FOR DME/PROSTHETICS/ORTHOTICS

DATE OF REQUEST: _____ DATE OF SERVICE: _____

PROVIDER/COMPANY: _____

PROVIDER ADDRESS: _____

PROVIDER ID#: _____ PROVIDER FAX #: _____

AGENCY CONTACT NAME: _____ PROVIDER PHONE #: _____

MEMBER NAME: _____

MEMBER ID# : _____ DOB: _____
(WITH PREFIX IF AVAILABLE)

PRESCRIBING PHYSICIAN: _____ PHYSICIAN ID#: _____

REQUESTED EQUIPMENT/ITEMS	RENT/PURCHASE ("R" OR "P")	HCPC CODE(S)	QTY PER MONTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PATIENT DIAGNOSIS & CODE: _____

PREVIOUS CERTIFICATION #: _____

PLEASE FAX COMPLETED FORM TO: 410-720-3122 or 410-720-3123 ATT DME

PURCHASE ITEM(S) CERTIFICATION #: _____ VALID _____ TO _____

RENTAL ITEM(S) CERTIFICATION #: _____ VALID _____ TO _____

Important Please Read

1. Claims submitted for these benefits are subject to lifetime maximums, any applicable deductions, or coinsurances or provisions as specified in the contract. Benefits will be subtracted from the patient's lifetime benefits. This approval is subject to the following conditions: a) the membership is in effect at the time the services are rendered, b) these specific benefits are available under the particular contract for which the patient is insured, and c) non-exhaustion of lifetime benefits. In order to assure that benefits are available under patient's contract, please contact the appropriate benefit and eligibility verification area.
2. Payment of the claim for the approved services does not mean that future services will automatically be paid. All future claims for services similar to the above services have to be evaluated in accordance with the existing criteria.
3. If you have any questions regarding the extent of this authorization, please call (800) 334-3427 ext. 6425. Calls will be responded to within one business day.

Fax completed form to (410)720-3122 or (410)720-3123. **Please contact provider services to verify member's eligibility and benefits for the requested service.**

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