

Durable Medical Equipment (DME) Prosthetics and Orthotics

Authorization Request Form

Date of Request		Date of Service	
Provider/Company	Provider ID Number	Member Name	
Provider Address	Provider Fax Number	Member ID Number (with prefix if available)	
	Provider Phone Number	Date of Birth	
Agency Contact Name	Prescribing Physician	Physician ID Number	
Requested Equipment/Items		Rent/Purchase ("R" or "P")	HCCP Code(s)
Patient Diagnosis & Code(s)		Previous Certification #	
INTERNAL OFFICE USE ONLY:			
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 and any applicable deductions, coinsurances or provisions, as specified in the member’s contract. Benefits issued for requested services will be subtracted from the member’s lifetime benefit maximum. Benefit approval is subject to the following conditions: a) member identification number is effective at the time services are rendered; b) requested benefits are available under the member’s contract; c) lifetime benefits not exhausted.
2. Please contact the appropriate provider service area to verify member’s eligibility and benefits for requested services.
3. Claim payment for approved services does not indicate payment for future services. All future claims will be evaluated in accordance with the aforementioned benefit approval conditions and the CareFirst and/or CareFirst BlueChoice utilization management review process.
4. If you have any questions regarding the extent of this authorization, please call (800) 334-3427 ext 6425. Calls will be returned within one business day.

Please fax completed form to (410) 720-3122 or (410) 720-3123 Durable Medical Equipment (DME).