



DME/Supply Authorization Request Form

FYI Review our provider manual criteria references. Submit documentation to support medical necessity along with this request. Failure to provide required documentation may result in denial of request. If you are seeking a Medicare Pre-Determination, please use the Medicare Pre-Determination form for your request. U7634 PA Form General



Fax form and any relevant clinical documentation to: 612-884-2499 or 1-866-610-7215.



For questions, call: 612-676-3300 or 1-888-531-1493

PATIENT INFORMATION	Member Name _____ Member ID _____
	Member Address _____ PMI _____
	Member City, State, Zip _____ Date of Birth _____
	Member Phone _____
	Living Arrangements <input type="checkbox"/> House/Apt. <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Nursing Home/SNF
ORDERING PROVIDER INFORMATION	Ordering Provider Name _____ ID/NPI Number _____
	Ordering Provider Address _____
	Ordering Provider City, State, Zip _____
	Ordering Provider Phone _____ Fax _____
DME PROVIDER INFORMATION	DME Point of Contact Person _____
	DME Point of Contact Phone _____ Fax _____
	DME Point of Contact Email _____
	DME Provider Name _____ ID/NPI Number _____
	DME Provider Address _____
	DME Provider City, State, Zip _____
<input type="checkbox"/> Standard Request Standard review timeframe for an authorization decision is within 14 calendar days or 10 business days from the date the request was received, as expeditiously as the member's health condition requires.	
<input type="checkbox"/> Expedited Request Expedited review timeframe for urgent/emergent requests within 72 hours , as expeditiously as the member's health condition requires. Only request an expedited review if waiting the standard review timeframe would potentially jeopardize the member's health, life or ability to regain function.	

