

**Prior Authorization Request Form
Durable Medical Equipment (DME)**

Ancillary/Outpatient Fax: (505) 843-3047

- Routine**
- Urgent or Expedited Initial Determination**
For a Prior Authorization request to be considered "Urgent" or "Expedited," check all that apply.
Please note: Requests that do not meet this criteria may be processed as routine requests.
- The life or health of a covered person would be jeopardized
 - The covered person's ability to regain maximum function would be jeopardized
 - The medical exigencies of the case require an expedited decision

Practitioner Signature: _____ (Required for Urgent or Expedited requests)

Complete the information below and attach all of the clinical information pertinent to the request.

Requesting Vendor:	Provider Number:	Fax:
Contact Person:	Phone:	
Member Name:	ID/SSN:	DOB:
Ordering Physician:	Phone:	<input type="checkbox"/> Prescription attached
Diagnosis ICD-9: _____		
<input type="checkbox"/> Rental <input type="checkbox"/> Purchase <input type="checkbox"/> Rent to Purchase <input type="checkbox"/> Previous Auth/Ben Cert: _____		
Requested Effective Date: _____ End Date: _____		

HCPCS

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*Any unlisted code requires a dollar amount.

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.