

DME Prior Authorization Standard Request Form

Request Completed By:

Phone #:

Fax #:

Date of Request:

Total Number of Pages:

Important Note: Standard prior authorization requests are processed within 14 calendar days of receipt. For urgent prior authorization requests please call 1-877-436-5288 to ensure optimal processing time.

Member Information

Member Name:

Member ID #:

DOB:

Other Insurance: Yes No If yes, please specify:

Phone #:

Ordering Provider Information

Requesting Physician Name:

TIN/NPI#:

Address:

Phone #:

Fax #:

Vendor Information

Vendor Name:

TIN/NPI#:

Address:

Phone #:

Fax #:

Date of Discharge:

Is this a hospital discharge? Yes No

Diagnosis Code(s):

RENTAL REQUEST

HCPCS Code	Description of Ordered Product	Rental Date Span

PURCHASE/SUPPLY REQUEST

MODIFICATION TO EXISTING DME

HCPCS Code	Description of Ordered Product	Delivery Date	Quantity(Billed Items)

Authorization does not guarantee payment. All authorizations are subject to member eligibility on the date of service. If member is determined ineligible, the member may be responsible for these services. To ensure proper payment for services rendered, referral provider/facility must verify eligibility on the date of service. Verify benefit coverage at www.MercyCareAZ.org.

Updated March 2022