

DME P&O Request Form

HealthPlus of Michigan, Inc.

Fax: (989) 799-6471

Phone: (800) 942-5974

Provider Name: _____ Provider #: _____

Phone Number: (____) _____ Contact Person: _____

Patient Name: _____ Date of Birth: _____

Subscriber Number: (11 digit): _____ - _____

Ordering Physician _____ Phone: (____) _____

Diagnosis: (description) _____

Requested Date Span From: _____ to _____

MANDATORY DOCUMENTATION FOR PRIOR AUTHORIZATION

- Complete description and medical necessity for NOC codes
- Copy of physicians order with supporting documentation to show medical necessity
- Repairs: must have copy of manufacturers repair invoice
- Prosthetics: K level _____
- Date similar item last received: _____
- Mobility devices: Provide answers to medical necessity according to DMERC

Qty	Procedure Code	Make/ Model	Description	Retail	R/P
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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