

DME Request Form

Medallion:
 Ph: 800-727-7536
 Fax: 800-827-7192

MLTSS:
 Ph: 877-719-7358
 Fax: 877-739-1371

Medicare:
 Ph: 877-739-1370
 Fax: 877-739-1364

Member Info:		
Name:	DOB:	ID#:
*Member Address:		
*Member Contact Information:		

*Required

HCCPs Code(s)	Description of Item	# of Units	Rental (R) or Purchase (P)	Date of Service

Ordering Provider:	
Name:	Group Name:
*Tax ID:	*NPI:
*Tax ID and NPI are required	
Phone:	Fax:

Vendor providing DME:	<input type="checkbox"/> Same as Ordering Provider
Vendor Name:	
*NPI:	*Tax ID
Address:	
Ph:	Fax:

Requestor		
Name:		
Ph:	ext:	Fax:

Important: Please submit supportive clinical documentation to substantiate the need for DME including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.	
Oxygen requests require O2 saturation.	CPAP: Convert to purchase requests require CPAP download for a 30 day period.
Hospital beds: Please include weight.	All DME requests require a signed and dated order.
Visit our list of codes that require or do not require authorization at: https://www.virginiapremier.com/npa/NPA_Search.html	