

DURABLE MEDICAL EQUIPMENT (DME) PRIOR AUTHORIZATION / REFERRAL

IMPORTANT! Illegible/Incomplete requests will be sent back for clarification and completion. All requests for authorization must be complete and include all information needed to make medically appropriate decisions in a timely manner. **FOR ASSISTANCE WITH COMPLETING THIS FORM, PLEASE CALL (541) 768-5207 or 1-888-435-2396.**
FAX TO: SAMARITAN HEALTH PLAN OPERATIONS (541) 768-4216.

DME PROVIDER INFORMATION:								
# of Pages:	Date: _____ / _____ / _____	Fax #:	Phone #:					
Name of provider and address:								
REFERRING PROVIDER INFORMATION:								
Provider submitting request:			Address:				Phone #:	
Provider NPI #:		Contact person:		Referring physician (last, first):				
PATIENT INFORMATION:								
Last name:				First name:				MI:
Patient's primary care provider:				Date of birth: _____ / _____ / _____		Member ID #:		
ICD9-CM Diagnosis code to the highest degree of specificity as supplied or the Rx by the practitioner:				Other insurance:				
ITEM:	MNFR:	MODEL #:	MODIFIER:	CODE:	UNITS:	MSRP:	USUAL CHARGE:	TOTAL PRICE:
1.								
2.								
3.								
4.								
5.								
6.								
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8.								
9.								
10.								