

DME AUTHORIZATION FORM

PAD FAX: 888-367-7480 PAD PHONE 844-865-7864

Date: _____ Auth #: _____

Fax to: **888-367-7480** Attn: **PAD DME**

ROUTINE REQUEST URGENT / EXPEDITED REQUEST

URGENT / EXPEDITED- if waiting under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. **For Urgent / Expedited requests you may call: 844-865-7864**

MEMBER INFORMATION

MEMBER'S NAME _____

PAD ID _____ MEMBER'S DOB _____

PROVIDER INFORMATION

	MD INFORMATION	DME PROVIDER INFORMATION
NAME		
PROVIDER ID	N/A FOR MD	
ADDRESS		
PHONE		
FAX		
CONTACT NAME	N/A FOR MD	

DME INFORMATION

Rental: Yes No

Purchase: Yes No

Date Range for Rental: _____

Diagnosis Code(s): _____ Diagnosis Description: _____

LINE #	DESCRIPTION	HCPCS	QUANTITY	BILLABLE CHARGES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Passport Advantage | 5100 Commerce Crossings Drive | Louisville, KY 40229

Prior authorization is required to verify whether the services are medically necessary. Approval for specific services does not indicate or imply the service is a covered benefit. Coverage is determined by the member's benefit plan, the provider or facility's eligibility for payment, claim processing requirements, and the provider or facility's participation agreement with Passport Advantage.