

NHP/NHIC DME, Orthotic & Prosthetic Authorization Request Form

Fax Request *Commercial Care Management Dept: 920-720-1903*
Medicare Care Management Dept: 920-720-1916

Telephone: *Commercial Care Management Dept: 920-720-1600*
Medicare Care Management Dept: 920-720-1602

***Form Completed by:**

***Date Form Completed:**

If this is a request to extend services, please enter the original authorization number:

MEMBER INFORMATION	ORDERING PROVIDER INFORMATION	RENDERING PROVIDER INFORMATION
*Member/Patient Name:	*Ordering Provider:	*Rendering Provider & Facility:
*DOB: Member ID #:	Phone #:	Phone #:
*Diagnosis:	Fax #:	*Fax #:
ICD-9:		NPI #:

D M E	Beginning Date of Service	Estimated Ending Date of Service	HCPCS Item Code	Item Description	Rental, Purchase, Used or Repair	# of Time Periods or Units Requested	Frequency	Purchase or Repair \$	Rental \$	Comments/Warranty Information
1					-		-			
2					-		-			
3					-		-			
4					-		-			
5					-		-			
6					-		-			
7					-		-			
8					-		-			

***Required Fields**

If you have questions about benefits, please call Customer Service at 1-800-826-0940 or 920-720-1300 for NHP Commercial members and 1-800-378-5234 or (920) 720-1345 for Medicare Advantage members.

If item is a rental with the possible rent-to-purchase, enter the rental and purchase prices.

For Medicare patients: Please submit the *Certificate of Medical Necessity* as soon as it is available.

NHP Only	Authorization #:	# Units Approved
Care Management Coordinator: _____	Date Received: _____	Start Date: _____ End Date: _____