Network Health 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 #:

DME	*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 Network Health 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.

Network Health Only

Authorization #: # Units Approved

Care Management Coordinator: _____ Date Authorized: _____ Start Date: End Date