



HEALTH BENEFIT PLAN

20547 Waverly Court, Ashburn, Virginia 20149 • 703-729-4677 or 888-636-NALC (6252)

Brian L. Renfroe, President • Stephanie M. Stewart, Director



Durable Medical Equipment (DME) Prior Authorization Form

Fax: 703-729-8128

<input type="checkbox"/>	Standard Request	Requests for prior authorization (with supporting clinical information and documentation) should be sent to the Health Plan fourteen (14) days prior to the date the requested services will be performed. If a response has not been received within two (2) business days, call (888) 636-6252 to confirm your request has been received.
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Physician Signature Validating Request	Date Signed
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MEMBER INFORMATION

Last Name		First Name	
Member ID		DOB	
Member Address			
Member Contact Information			

ORDERING PHYSICIAN INFORMATION

Last Name		First Name	
NPI		Tax ID	
Referring Facility			
Address			
Phone		Fax	

VENDOR PROVIDING DME

Vendor Name	
Address	
Phone	
NPI	
Fax	
Tax ID	

BILLING CODE INFORMATION (Attach supplemental documents is necessary)

Purchase	Y <input type="checkbox"/> N <input type="checkbox"/>	Rental	Y <input type="checkbox"/> N <input type="checkbox"/>	Initial Request	Y <input type="checkbox"/> N <input type="checkbox"/>	Replacement	Y <input type="checkbox"/> N <input type="checkbox"/>
HCPC/CPT Code	Code Description	Start Date	End Date	No. Units	Cost		

Important: The Plan requires a letter of medical necessity, or a copy of the prescription, from the prescribing physician which details the medical necessity to consider charges for the purchase or rental of DME. 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.

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