



DME Request Form

P.O. Box 30377
Lansing, MI 48909-7877
Phone: 800.832.9186
Fax: 517.364.8409

Save time and use PHP's EZ auth portal to submit authorizations, click here: [HealthTrio Connect - PHP](#)

Instructions: To process your request without delay, this form must be completely filled out including:

- ✓ Physician's order/ script
- ✓ Necessary documents to support request

Fax this form and relevant chart notes to 517.364.8409 Monday - Friday, 8 a.m. to 5 p.m. EST, except holidays

Patient Information		Prescriber Information	
Today's date:		Provider name:	
Member name:		Office phone:	
Member's PHP ID#:		Office fax:	
Date of birth:		Office contact:	
Treatment/Request Information			
<input type="checkbox"/> New Request		<input type="checkbox"/> Extension, authorization # _____	
ICD-10 Diagnosis code:	If new request, date item(s) dispensed:	Dates of service:	
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
HCPCS code:	DME Description:		
Retail price:	Quantity:		
DME Vendor:	DME Vendor Contact Person:		
DME NPI:	DME TIN:		
Phone:	Fax:		
Address: <i>(include city, state, zip)</i>			
Documentation attached with additional codes or information: <input type="checkbox"/> Yes			

02.26.2024

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