

Nursing Facility Durable Medical Equipment Preauthorization Request Form

Return by fax to 1-844-206-3445.

Vendor information	Member information
Name:	Name:
Contact:	Amerigroup ID #:
Amerigroup provider #:	Date of birth:
NPI #:	DX codes:
Taxonomy #:	Ordering physician information
Address:	Ordering physician:
Phone #:	Physician NPI #:
Fax #:	Physician phone #:

Durable medical equipment and supplies

Please include all information necessary to authorize (for example, date of services [DOS], codes, prices, statement of medical necessity, *Title XIX*, etc.)

CPT®/HCPCS codes	Description	Quantity per month	Prices
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Date of service:

This request form is not a guarantee of payment. All services are subject to any and all plan provisions, limitations, and member eligibility at the time services are rendered.