

# Durable Medical Equipment (DME)



Fax completed form to : 608-252-0830

## Pre-Service Non-Urgent (Physician Signature NOT Required)

## Pre-Service Administratively Urgent (Physician Signature NOT Required)

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

## Pre-Service Medically Urgent (Attending Physician Signature REQUIRED Below)

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed.)

**Attending Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PATIENT DEMOGRAPHICS		
Patient Name:	Date of Birth:	
Member ID:	Phone Number:	
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION		
Provider Name:	Phone #:	
Street Address:	Fax #:	
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION		
Referred To:	Phone #	
Street Address:	Fax #	
City:	State:	Zip Code:
Specialty:		

REQUESTED DATE OF SERVICE	DIAGNOSIS/ICD CODE(S)	
	1.	3.
	2.	4.

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Equipment Information				
Type of Equipment	HCPCS	Quantity	Rental or Purchase	Price
<b>Comments:</b>				

Form Submitted By:		
Name:	Phone:	Fax:

Underwritten by Dean Health Plan, Inc

If you have any questions regarding the services or for, please contact Customer Service at 877-230-7555 or review [Prevea360 Health Plan's Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.

Updated 10/2016