PREMERA HMO

Pre-Service/Prior Authorization Review Request
for DME/Home Medical Equipment/Prosthetics/Orthotics

Instructions

- This form must NOT be handwritten.
- Download this form to complete it.
- For expedited response, please use the Availity site for authorization requests.
- Use the following numbers for faxing. This form must be the first two pages of the fax submission.
    - PBC fax: 800-843-1114

A. Member/patient information

Member/patient name			Date of birth
Member ID Number Details	Alpha prefix	ID Number	Suffix

B. Provider information: Every field in this section is required.

Name of requesting provider		Contact person	
Address	City	State	ZIP code
Phone number with area code		Fax number with area code	
Tax ID		NPI number	

Is the servicing provider the same as the requesting provider?
❍ Yes. Skip to section D.
❍ No. Continue with servicing provider information below. This information is required.

Name of servicing provider		Contact person	
Address	City	State	ZIP code
Phone number with area code		Fax number with area code	
Tax ID:		NPI number	

C. Clinical information

Anticipated Delivery Date	ICD-10 Diagnosis Codes

☐ Check this box if the request is for a Zoll life vest. All other DME is considered nonurgent.

Attach supporting medical records and include presenting symptoms and previous treatment.

HCPCS code:	Requested Item/Description	Quantity	Purchase Price	Or Rental Fee	Length of Rental

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Note: Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

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