

Tricare DME Prior Authorization Standard Request Form

Request Completed By: _____ Phone #: _____

Date of Request: _____

Ordering Provider Information:

Physician Name: _____

Address: _____

Phone #: _____ Fax #: _____

Vendor Information:

Healthcare Mobility Inc.

Address:

2100 S Brentwood Ave Suite B

8660 S. Peoria Ave. Tulsa, OK 74132

YIN/NPI# 1902830110

Phone #: (918) 209-4914

Fax #: (918) 518-6424

PURCHASE/SUPPLY REQUEST

MODIFICATION TO EXISTING DME

HCPCS Code	Description of Ordered Product		Quantity (Items)
E0676	NOS Intermittent Limb Compression		1
ICD 10 CODE: Z34.90			

REQUEST SUBMITTED BY:

SIGNATURE OF PATIENT REQUESTING INFORMATION:

_____ **DATE:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____

