603 Lyndon B Johnson Fwy Suite 300,
Farmers Branch, TX 75234
cnchealthplan.com

DME Pre-Authorization Request Form

PHONE: 855-359-9999 FAX: 888-965-1964

Health Plan/Payor:

❑ Care N' Care PPO ❑ Care N' Care HMO

Today's Date:	
DME Contact Name:	
DME Phone:	DME Fax:

Patient's Name:	DOB:	Member ID:
Patient PCP:		NPI:

Proposed Date of Service:	
DME Provider:	DME NPI:
Requesting Physician:	NPI:

❑ RENTAL ❑ PURCHASE

ICD-10 CM Diagnosis Description	ICD-10 CM Code	
Procedure: CPT/HCPCS Exact Description	CPT/HCPC Code	# of Visits
Enter any notes pertinent to this standard request. PLEASE SUBMIT CLINICAL DOCUMENTATION WITH ALL SUBMISSIONS		

☐ **FOR EXPEDITED REQUESTS ONLY.** Check is requesting an expedited review that meets CMS definition that determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Authorization does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitation, provisions and exclusions.