

Durable Medical Equipment (DME)

Fax completed form to: 608-252-0830

Pre-Service Non-Urgent											
Pre-Service Administratively Urgent (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 (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.)											
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 #:			
ity: State:								Zip Code:			
Provider #: Tax ID #:				NPI:				Specialty:			
REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION											
Referred To:								Phone #			
Street Address:								Fax#			
ity: State:								Zip Code:			
Provider #:	Tax I	D #:		NPI:				Specialty:			
REQUESTED DATE OF SERVICE	CODE(S)									
Equipment Information											
Type of Equipment					HCPCS		ty	Rental or Purchase		Price	
							+				
Comments:											
Forms Culturalities I D											
Form Submitted By: Name:						hone:			Favi		
ivallic.	Phone:				Fax:						

Prevea360 Health Plan products are underwritten by Dean Health Plan

If you have any questions regarding the services or for, please contact our Customer Care Center 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.