

Cascade Health Alliance

2909 Daggett Ave. Suite 225, Klamath Falls, OR

Phone: 541-883-2947 FAX: 541-882-6914

DME AUTHORIZATION REQUEST FORM For Equipment/Supplies Provided by CHA Only

Print legibly

INCOMPLETE REQUESTS WILL BE RETURNED

THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

PAYMENT WILL BE BASED ON OHP BENEFITS IN EFFECT, TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY

DATE:	INDIVIDUAL COMPLETING FORM:	PHONE #	
PATIENT NAME:		BIRTHDATE:	MEMBER ID #
ORDERING PROVIDER:		DME PROVIDER: Cascade Health Alliance	
REASON FOR REFERRAL			
ICD-10 DIAGNOSIS CODE(S) * REQUIRED. *:		Discharge date:	

DME REQUESTS REQUIRE CURRENT MD ORDER & CHART NOTES

Equipment/Supply	Code	Quantity	Comments
Standard FWW	E0143		
Single Point cane	E0100		
Quad Cane	E 0105		
Bath Transfer Bench	E0247		
Shower Chair with Back	E0245		
Bedside Commode Toilet Riser	E0163		
Nebulizer	E0570		
Nebulizer Supply Kit (2 per Month)	A7003		
Nebulizer Pediatric Mask Kit (2 Per Month)	A7015		
Aerochamber	A4627		Size Needed:
Peak flow Meter	A4614		

All other DME requests, must go on the appropriate forms for the DME Vendors who will then process your request and submit an authorization request to Cascade Health Alliance (CHA).

Physician Signature
Or a copy of Signed Physician order