

**CASCADE HEALTH ALLIANCE**2909 Daggett Ave. Suite 200, Klamath Falls, OR  
541-883-2947**FAX: 541-882-6914****DME AUTHORIZATION REQUEST FORM**  
**For Equipment/Supplies Provided by CHA Only****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

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

**DME REQUESTS REQUIRE CURRENT MD ORDER & CHART NOTES**

<b>Equipment/Supply</b>	<b>Code</b>	<b>Quantity</b>	<b>Comments</b>
Automatic Blood Pressure Monitor	A4670		<b>Include!! Large cuff only</b>
Blood Pressure Cuff only	A4663		<b>Please circle size cuff needed: Reg or Xlg</b>
Finger Pulse Oximeter	E0445		
Nebulizer	E0570		
Nebulizer Supply Kit (2 per Month)	A7003		
Nebulizer Pediatric Mask Kit (2 Per Month)	A7015		
Aerochamber	A4627		<b>Size Needed:</b>
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

