



**Durable Medical Equipment Authorization Form
For Medica Employee Health Plan Only
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 #:	
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION			
Referred To:		Phone #	
Street Address:		Fax #	
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:

REQUESTED DATE OF SERVICE	DIAGNOSIS/ICD CODE(S)	

Equipment Information				
Type of Equipment	HCPCS	Quantity	Rental or Purchase	Price
Comments:				

Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-252-0830.
 If you have any questions regarding the services or form, please contact our Customer Care Center at 833-942-2159 or review our [Medical Management page](#). An approved prior authorization is required before obtaining services from non-plan providers.
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