

## Prior Authorization Non-Pharmacy & DME Request

All requests must be accompanied by MEDICAL RECORDS to support the request. If MEDICAL RECORDS are INCOMPLETE, the request is subject to DENIAL  
 MedStar Family Choice, District of Columbia – Fax to: 202-243-6307 | Phone Inquiries: 855-798-4244

Enrollee Name:		Enrollee DOB
Enrollee Phone #:		Medicaid ID #:
Prescriber Name:		Provider Phone:
NPI #:		Provider Fax:
Contact Name:		Contact Fax:
Contact Phone/Ext:		
Diagnosis Code (s)/ ICD-10:		
Please Check One: Inpatient <input type="checkbox"/> Outpatient/ Home <input type="checkbox"/> Date(s) of Service:		
HCPCS/ CPT Code	Item Description	Unit/ Visits
Comments:		
Vendor/Facility Name:		Vendor/ Facility Phone:
Vendor/ Facility NPI:		Vendor/ Facility Fax:
Contact Name:		Contact Phone:
Date DME reaches 90-Days:		Contact Fax: