



**Durable Medical Equipment Authorization Form  
For SSM Health 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
<b>Comments:</b>				

Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-2582-0830.  
If you have any questions regarding the services or form, please contact our Customer Care Center at 877-274-4693. An approved prior authorization is required before obtaining services from non-plan providers.

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