

1 Cameron Hill Circle, Suite 0017
 Chattanooga, TN 37402-0017
 bcbst.com

Durable Medical Equipment (DME) Authorization Request

Please type/print legibly and fax completed form to:
 Commercial Utilization Management at 1-866-558-0789 **OR**
 Submit online authorization requests via Availity® anytime day or night*

Member Name _____ Date of Birth _____

Member ID Number _____

Diagnosis with Diagnosis Codes _____

Contact Name _____ Phone _____ Fax Number _____

Ordering Physician _____

Physician Address _____

Physician/Provider #/NPI# _____

Physician Phone Number _____ Fax Number _____

Date of Order or Certificate of Medical Necessity _____

DME Supplier _____

DME Supplier Address _____

DME Supplier # _____ NPI# _____

DME Supplier Phone _____ Fax Number _____

Start Date _____ Duration _____

Equipment Codes Requested

| | Code | Quantity | Purchase or Rental | | Monthly Rental price OR Purchase price |
|----|-------|----------|--------------------------|--------------------------|--|
| 1. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 5. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 6. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

Clinical Information

Include a list of all pertinent information (Attach records if needed):

Please allow up to 15 days for a determination.

* Contact the eBusiness Marketing team for all your Availity registration and training needs by calling 423-535-5717 option 2 or emailing eBusiness_marketing@bcbst.com.