# Durable Medical Equipment (DME) and Disposable Medical Supplies (DMS) Request Form

Please complete the form and fax to Telligen DME/DMS at 888-297-4276

Date of DME/DMS Correction Request:

Provider Name: Provider Number:

Patient’s Name:

Patient’s MA Number:

Authorization Number:

DOS:

Request/Case ID Number:

Contact Name:

Contact Phone Number:

Contact Fax Number:

\*\*Contact Email Address:

If you only receive part of this transmission, or if transmission is illegible, please call the facsimile operator at 888-276-7075.

CONFIDENTIALITY NOTICE: The documents transmitted herewith may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any disclosure, copying, distribution or the taking of any action or reliance on the contents of this faxed information is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone to arrange for return of the original document. R 5/03/18

#

#  Durable Medical Equipment and Supplies Request Form

Please Complete the form and fax to Telligen DME/DMS at 888-297-4276

|  |  |  |
| --- | --- | --- |
| **DME/ DMS Correction:**  | **Current Information:** | **Change Information to:** |
|  **Cost Plus** |  |  |
|  **Date of Service** |  |  |
|  **Provider Name or Number** |  |  |
| **Other** **Appeal/Hearing** **Outcome** (Internal Use Only) |  |  |

## Patient’s Last Name:

Telligen Reviewer: Date: Accepted Rejected