# 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.

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| --- | --- | --- |
| **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