MARYLAND
Department of Health

Telligen®

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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R 5/03/18

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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** ☐