

DME Prior Authorization Standard Request Form

Patient Name: _____ **Date of Birth:** _____

Request Completed By: _____ Phone: 888-494-9015

NPI Number: _____

Ordering Provider Information:

Physician Name: _____

Address: _____

Phone #: _____ Fax #: _____

Vendor Information:

Synergy Prosthetics

Address:

5466 Complex St, #207

San Diego, CA 92123

YIN/NPI# 1649638701

Phone#: (866)203-9810

Fax #: (786)288-3572

PURCHASE/SUPPLY REQUEST

MODIFICATION TO EXISTING DME

HCPCS Code	Description of Ordered Product	Length of Necessity	Quantity (Items)
E0676 ICD 10: R60.0	NOS Intermittent Limb Compression	90 Days Postpartum	1
E0603 ICD10 Z39.1	Breast Pump	90 Days Post-Partum	1
L2620 ICD10 R10.2/M54.9	Lower Extremity, Pelvic control	90 Days Post-Partum	1
A6549 ICD10 R60.0	Gradient Compression Garment, Bilateral	90 Days Post-Partum	4
L0650 ICD 10 M54.5/M54.9	Lumbar Support	90 Days Postpartum	1

SIGNATURE OF PATIENT REQUESTING INFORMATION:

_____ **DATE:** _____

DR. SIGNATURE _____ **DATE:** _____