DME PRECERTIFICATION ADDITIONAL CODE FORM



(This form is to accompany an initial precertification form.)

PHONE:	866-248-1972
LOCAL:	570-271-7127
FAX:	570-271-7171

*DME VENDOR: *LOCATION:			*PHONE NUMBER:		*FORM COMPLETED BY:			
*GHP PR	OVIDER #:			*FAX NUMBER:				
*MEMBER INFORMATION: (Last Name, First Name, MI)				*HEALTH PLAN ID:		*BIRTHDATE:		
REQUESTED EQUIPMENT:				*ANTICIPATED DELIVERY DATE:				
VENDOR REQUEST				FOR GHP INTERNAL USE ONLY				
*HCPCS/ MODIFIER			*QTY	AUTHORIZATION #	HCPCS/ MODIFIER	QTY	START DATE	END DATE
*Required	Information. Incomplete forms will	be returned upprocesso						
Required	momation. meomplete tomis will	be returned unprocessed	J					

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