



**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 PROVIDER #:		*FAX NUMBER:	
*MEMBER INFORMATION: (Last Name, First Name, MI)		*HEALTH PLAN ID:	*BIRTHDATE:

REQUESTED EQUIPMENT:	*ANTICIPATED DELIVERY DATE:
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VENDOR REQUEST			FOR GHP INTERNAL USE ONLY				
*HCPCS/ MODIFIER	*DESCRIPTION	*QTY	AUTHORIZATION #	HCPCS/ MODIFIER	QTY	START DATE	END DATE

\*Required Information. Incomplete forms will be returned unprocessed