



DME AUTHORIZATION CHANGE FORM

Still faxing? If so, you may be missing out on timesaving benefits, including automatic approvals and guided submission only available when using the Cohere portal to manage authorizations. Visit www.coherehealth.com/register to begin

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

*DME VENDOR:	*LOCATION:	*FORM COMPLETED BY:	*PHONE:
*GHP PROVIDER #:	*BRANCH:		*EXTENSION:
			*FAX:
*CHANGE REQUESTED:			
Date of Service	Code Change	Change of Equipment	Return/Pick-up
			Other
*MEMBER ID:			
*MEMBER NAME:			
*AUTH NUMBER:		*HCPCS authed:	
		*HCPCS requested:	
*Vendor specific request and reason:		Adjusted date of delivery:	
		Equipment change date:	
		Return or pick-up date:	

*Required Information. Incomplete forms will be returned unprocessed.
Precertification authorization verifies medical necessity criteria have been met and is not a guarantee of payment.