Geisinger Health Plan

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: *GHP PROVIDER #:	*LOCATION: *BRANCH:	*FORM COMPLETED BY:	*PHONE: *EXTENSION: *FAX:
*MEMBER INFORMATION: (Last Name, First Name, MI)		*HEALTH PLAN ID:	*BIRTHDATE:

REQUESTED EQUIPMENT:

VENDOR REQUEST

*HCPCS/ MODIFIER	*DESCRIPTION	*QTY

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