



DME RE-CERTIFICATION FORM

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

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

*DME VENDOR:		*LOCATION:		*FORM COMPLETED BY:		*PHONE:	
*GHP PROVIDER #:		*BRANCH:				*EXTENSION:	
						*FAX:	
*MEMBER INFORMATION: (Last Name, First Name, MI)				*HEALTH PLAN ID:		*BIRTHDATE:	
*ADDRESS:				*ORDERING PHYSICIAN: (Last Name, First Name) *PHONE:			
*CURRENT PHONE:				*NPI:		*TIN:	
						*FAX:	
DIAGNOSIS INFORMATION:							
*DIAGNOSIS CODE:				DESCRIPTION:			
DIAGNOSIS CODE:				DESCRIPTION:			
START DATE OF SERVICE:				END DATE OF SERVICE:			
REQUESTED INFORMATION:							
REQUESTED EQUIPMENT: (use extra codes sheet as necessary)							
VENDOR REQUEST							
*HCPCS/MODIFIER		*AUTHORIZATION NUMBER			*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.