THE OHIO STATE UNIVERSITY
HEALTH PLAN

Durable Medical Equipment (DME) Prior Authorization Request Form

Submit completed form and supporting documentation to UtilizationManagement.OSUHealthPlan@OSUMC.edu or fax to (614) 292-2667.

General Information			
Covered Person (Patient) Name:		ID Number:	DOB:
Physician Information			
Physician Name:		Phone:	Fax:
Vendor Information			
Vendor Name:		Address:	
TIN:		Contact Name:	
Phone:		Fax:	
Billing Information			
ICD-10 Code(s):		Diagnosis:	
HCPCS Code(s)/Units:			
Code	Units	Price	Description
Total Price:			
Date Span Requested:			
If this is a continuation request, provide the previous authorization number:			