DME Authorization Request Form

Optima Health Medical Care Management

4417 Corporation Lane, Virginia Beach, Va 23462

Telephone # 757-552-7540 or 1-800-229-5522

Fax # 757-552-7429 or 1-877-800-2839

Provider Name: _____

Provider Number: _____

Provider Telephone # _____

Provider Fax # _____

Contact Person _____

Member Name	Member ID	MD Name	DX	Item(s) Requested (Must include HCPCS code)	Qty	DOS	P or R	Auth #	Comments