

Integra Partners P: 1-888-729-8818 F: 1 248-844-3824

Neighborhood Health Plan of Rhode Island (NHPRI): DME Authorization Form

				DATE:						
PRIORITY	/ :									
*** By the enr Retr		d Request, you a gain maximum fi Date Merr I est	Hospital Discharge/SNF are stating that processing this request in the Standard unction. uber was serviced?		ng a determination	n could seriously jeopa	ardize the life or health of the enrollee or			
	INFORMAT									
				_ Member First Name:						
Member DOB:			NHPRI Member ID #:							
Does M	ember have	Other Prim	nary Insurance? 🗖 Yes 🗖 No 🛛 I	f so, please indica	ate type:					
PROVIDE	R INFORMA	TION								
Servicin	g Provider N	ame:			Provi	der NPI:				
Provider	Telephone:			Provider Fax:						
Provider	Address:									
Request	ing Physicia	n Name:			Physic	ian NPI:				
	INFORMATI									
Primary	Diagnosis (IC	CD10)	Secondary Diagnosis							
Service Start Date MM/DD/CCYY	Service End Date MM/DD/CCYY	Item (HCPCS)	Item Description (For NOC, include Manufacturer & Model #)	Rental (RR) Purchase (NU)	Quantity (Per month for supplies)	Pricing (FOR MISC/NOC ONLY)	Comments: To be completed by Integra UM			
*** Invoice/N schedule or		for all pricing	of miscellaneous (MISC) and not otherwise of	classified (NOC) HCI	PCS codes, all	other codes will b	e paid per contractual fee			

Authorization Number:

_UMC Initials: _____

If your date of service range changes, you must call (866) 205-2122 and have the date of service changed prior to claims submission.

Member First Name:

Member DOB: _____

NHPRI Member ID #:

SERVICE INFORMATION (CONTI.)

Service Start Date MM/DD/CCYY	Service End Date MM/DD/CCYY	Item (HCPCS)	Item Description (For NOC, include Manufacturer & Model #)	Rental (RR) Purchase (NU)	Quantity (Per month for supplies)	Pricing (FOR MISC/NOC ONLY)	Comments: To be completed by Integra UM

Provider notes: (Please indicate if this request is for a single case agreement, auth extension, quantity/code change, and/or over quantity)

*** Invoice/MSRP required for all pricing of miscellaneous (MISC) and not otherwise classified (NOC) HCPCS codes, all other codes will be paid per contractual fee schedule or SCA.

Authorization Number: _____

_UMC Initials: _____

If your date of service range changes, you must call (866) 205-2122 and have the date of service changed prior to claims submission.