

Date of Request: _____

In place of this form, you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057.

Cranial Remolding Helmet Authorization Request Form

DME Fax: 1-609-583-3023

DME Phone: 1-800-682-9094 x81017

Member Name: _____ DOB: _____

Member ID #: _____ Height: _____ Weight: _____

DME Provider: _____ Tax ID #: _____

Provider Contact: _____ Phone #: _____ Fax #: _____

Required Information

ICD-10 Diagnosis: _____

Procedure(s) Requested: _____

HCPC Codes Requested: _____

Any Congenital Problems: _____

Any Other Medical Issues: _____

Any Surgical Intervention(s): _____

Date of Surgical Intervention: _____

Request Being Made By: _____ PCP _____ Specialist

Name of Requesting Physician: _____ ID # & NPI #: _____

Phone Number of Requesting Physician: _____

Clinical History:

Oblique Diagonal Difference Measurement: _____
(Cranial Vault Asymmetry)

Physician's Signature: _____ Date: _____