



Horizon NJ Health

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.

**DME Authorization Request Form**

**Requirements:** Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics. Test results must be submitted to support request for approval. **Notification required for any date of service change.**

**Fax completed form to: Horizon NJ Health 1-609-583-3023**

**General Information**

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Member Address: \_\_\_\_\_ Member Phone #: \_\_\_\_\_

DME Provider Name: \_\_\_\_\_ Provider Contact Name: \_\_\_\_\_

DME Provider Contact Phone #: \_\_\_\_\_ DME Contact Fax #: \_\_\_\_\_

**Medical Information Needed**

Date/Date Range of Service: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Other Chronic Diagnosis: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

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**Required Information**

DME: \_\_\_\_\_

HCPC: \_\_\_\_\_

Qty: \_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_ Provider ID #: & NPI #: \_\_\_\_\_

DME Servicing Provider: \_\_\_\_\_ Provider ID #: \_\_\_\_\_

**Authorization Information**

Initial Auth Request     Auth Extension Request     Previous Auth #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_