Select Health of South Carolina

Healthy Connections

Request for Authorization

DME

From			
From:			
Fax:		Phone:	Date:
Member Information			
Last name, first name, middle initial:			
Medicaid ID number:			Date of birth:
Equipment Information			
ICD10 Code:		Service start:	Service end:
HCPC code:	Quantity:	☐ Lease ☐ Purchase ☐ Rental	Billing amount for purchase item:
HCPC code:	Quantity:	☐ Lease ☐ Purchase ☐ Rental	Billing amount for purchase item:
HCPC code:	Quantity:	☐ Lease ☐ Purchase ☐ Rental	Billing amount for purchase item:
HCPC code:	Quantity:	☐ Lease ☐ Purchase ☐ Rental	Billing amount for purchase item:
Provider Information			
Company name:			NPI number:
Address, city, state ZIP:			
Contact person:		Fax:	Call back number:
Referring provider information			
Practitioner name:			NPI number:
Address, city, state zip:			
Contact person:		Fax:	Call back number:

Fax request form with supporting clinical documentation to **1-866-368-4562**.