



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

HealthLink Durable Medical Equipment—Custom Wheelchair/Electric Scooter Pre-Review

DME review is required for rental or purchase that will be greater than \$1000

Date: _____ Notification # _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care department. If you have any questions, please call Healthlink at 1-877-284-0102.

Provider Information

Provider's Name: _____
 Address _____
 Phone No. _____ Fax No. _____

Patient Information

Patient's Name _____
 ID Number _____ Patient's DOB: _____
 Address _____
 Height: _____ Weight: _____ Daytime Phone No. _____

Ordering Physician Information

Physician's Name _____
 Address _____
 Phone No. _____ Fax No. (Required) _____
 TIN: _____

Treatment Information

Diagnosis & Past Medical History (related to wheelchair): _____

Is the patient able to ambulate YES NO
 If **yes**, approximate distance _____

Does the patient have stamina to wheel self YES NO

Approximate length of time in chair per day: _____ hrs per day

Where does the patient reside Home SNF Other (specify) _____

If home, do they live alone YES NO

Equipment Start Date _____ New Used

How long will the patient require custom wheelchair/electric scooter?
 # Weeks # _____ Months _____ Indefinite

*Type of custom wheelchair/electric scooter with HCPC code and prices:

	Specify	HCPC	Purchase	Rental	Circle One
Type			\$	\$	per D / W / M
Attachment(s)			\$	\$	per D / W / M
Attachment(s)			\$	\$	per D / W / M
Other			\$	\$	per D / W / M

Contact Information

Contact Person _____
Phone No. _____ Fax No. _____

Staff Signature/Title: _____ Date: _____

**The Plan has a preferred provider for DME Services. In order to receive the maximum benefit, the preferred provider must be used.*

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.