

DME PRECERTIFICATION ADDITIONAL CODE FORM

(This form is to accompany an initial precertification form.)

PHONE:	866-248-1972
LOCAL:	570-271-7127
FAX:	570-271-7171

Still faxing? If so, you may be missing out on timesaving benefits, including automatic approvals and guided submission only available when using the Cohere portal to manage authorizations. Visit www.coherehealth.com/register to begin

*DME VENDOR:		*LOCATION:	*FORM COMF	PLETED BY:	*PHONE:	
					*EXTENSION:	
*GHP PROVIDER #: *BRANCH:		*BRANCH:			*FAX:	
*MEMBER INFORMATION: (Last Name, First Name, MI)		Name, MI)	*HEALTH PLAN ID:		*BIRTHDATE:	
REQUESTED E	QUIPMENT:					
VENDOR REQUES	Т					
	*HCPCS/ *DESCRIPTION MODIFIER			*QTY		
MODIFIER						

\*Required Information. Incomplete forms will be returned unprocessed.

Precertification authorization verifies medical necessity criteria have been met and is not a guarantee of payment.