

Prior-Authorization sheet

Patient Name: _____ Date of Service: _____

Dx: _____

Possible DME:

Dx: _____

Possible DME:

M79.67- Pain in joint, ankle, foot, Other _____

Possible DME:

Covered at: _____%
Deductible:\$ _____ DME Deductible:\$ _____ Coinsurance:\$ _____
Amount met: \$ _____