



Authorization Request

Durable Medical Equipment

Utilization Review Department
Michigan Conference of Teamsters Welfare Fund
Phone: (313) 964-2400

Please fax back this completed form for all DME purchases with the supporting medical records to: (313) 496-2939

- Please be advised that rental of DME, purchase of medical supplies, breast pumps (manual or electric), canes, walkers, crutches, nebulizers and glucometers do not require prior authorization
- Covered orthotic devices must be obtained from a provider who Blue Cross Blue Shield has certified as an orthotic device supplier and do not require prior authorization.

Today's Date: _____

Patient's Name: _____

Contract #: _____

Date of Birth: _____

Durable Medical Equipment: _____

Procedure Code (S): _____

Units: _____

Diagnosis Code (S): _____

Is this a prior authorization? YES _____ NO _____

Has this item already been rendered to the patient? If so, when: _____

Provider: _____

Address: _____

Phone: _____

Fax: _____