



295 W. Clayton Street Athens, Georgia 30601 Tel. (706) 549-0549 Fax (706)549-8004
(800)327-2004

DME REQUEST FORM

Date _____

Member # _____

Patient's Name _____

Date of Birth _____

DX _____

Service Ordered _____

Ordering Physician _____

Tax ID Number _____

Telephone _____

FAX # _____

Vendor _____

Tax ID Number _____

Telephone _____

FAX # _____

Rental _____

Purchase _____

HPS Contract Yes ___ **No** ___

Date of Service _____ **Set Up Date** _____ **End** _____

HCPS Code(s)	Description	Quantity

Print Contact Name _____

Date _____

Signature _____