



Horizon Blue Cross Blue Shield of New Jersey

Date of Request: _____

In place of this Form you can submit Authorization Requests Online securely via Navinet. If you are not registered, please visit Navinet.net and click *Sign Up* or call Navinet Customer Care at **1-888-482-8057**.

DME Authorization Request Form

Requirements: *Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics. Test results must be submitted to support request for approval. Notification required for any date of service change.*

Fax completed form to: Horizon NJ TotalCare (HMO SNP) at **1-609-583-3013**

General Information

Member Name: _____ Member ID #: _____ DOB: _____

Member Address: _____ Member Phone #: _____

DME Provider Name: _____ Provider Contact Name: _____

DME Provider Contact Phone #: _____ DME Contact Fax #: _____

Medical Information Needed

Date/Date Range of Service: _____

Primary Diagnosis: _____ Other Chronic Diagnosis: _____

ICD 10 Codes: _____

ICD 10 Codes: _____

ICD 10 Codes: _____

Required Information

DME: _____

HCPC/CPT: _____

Qty: _____

Ordering Physician Name: _____ Provider ID # & NPI #: _____

DME Servicing Provider: _____ Provider ID #: _____

Authorization Information

Initial Auth Request Auth Extension Request Previous Auth # _____

Comments: _____
