New York State Department of Health
UNINSURED CARE PROGRAMS
Empire Station . PO BOX 2052 . Albany, NY 12220
1-800-542-2437

HOME CARE DME PRIOR APPROVAL REQUEST AI-3615

1.) PARTICIPANT'S NAME	2.) CERTIFICATION PERIOD	3.) ADAP ID NUMBER / CARE PLAN NUMBER	4.) SEX M | F	5.) BIRTH DATE

6.) HOMECARE AGENCY NAME	7.) HOMECARE AGENCY ADDRESS	8.) HOMECARE AGENCY TELEPHONE AND FAX NUMBERS
9.) DME VENDOR NAME	10.) DME VENDOR ADDRESS	NOTICE: PRIOR APPROVAL DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY AND OTHER GUIDELINES SPECIFIED IN YOUR PROVIDER MANUAL. BE SURE THE RECIPIENT'S ID CARD IS CURRENT BEFORE RENDERING SERVICE.

11.) ORDER DESCRIPTION/MEDICAL JUSTIFICATION

LINE	12.) ITEM CODE	13.) RENTAL?	14.) DESCRIPTION	15.) QUANTITY REQUESTED	16.) PRICE PER ITEM	17.) TOTAL AMT REQUESTED	18.) ACTION CODE
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