MISSION MEDICAL SUPPLY

MOBILITY REPAIR/REPLACEMENT PRIOR AUTHORIZATION REQUEST FORM

MEMBER INFORMATION

TODAY'S DATE:

MEMBER'S NAME: DOB:

PHYSICAL ADDRESS: CITY: STATE: ZIP:

PHONE NO. CELL NO. ALT NO.

MEDICARE MEDICAL GROUP ID:

POLICY NO.

PRIOR AUTHORIZATION REQUEST TO:

☐ SAN DIEGO : 4444 El Cajon Blvd Ste. 3 San Diego, CA. 92115 - TEL:619-229-9597 - FAX: 619-229-9594 NPI: 1881825008
TEXAS: 10515 Bellaire Blvd Ste. M Houston, TX. 77072 - TEL: 281-933-3902 - FAX: 281-399-3949 NPI: 1225319510

PROPOSED DAY OF SERVICE: ☐ REPAIR ☐ REPLACEMENT

REASONS:
REPAIR SERVICE REQUEST:

DIAGNOSIS / ICD10 CODE(S):

PRESCRIPTION

RX MUST BE COMPLETED, SIGNED AND DATE BY ATTENDING PHYSICIAN

PRESCRIBING PHYSICIAN:

NPI NUMBER:

ADDRESS:

CITY/STATE/ ZIP:

PHONE: FAX:

PRIMARY DX:

ICD-10

PRIMARY PHYSICIAN -PCP

NPI NUMBER:

ADDRESS:

CITY/STATE/ ZIP:

PHONE: FAX:

PRIMARY DX:

ICD-10

PHYSICIAN SIGNATURE DATE:

PLEASE FAX MOBILITY REPAIR/REPLACEMENT PRE-AUTHORIZATION FORM BACK TO MISSION MEDICAL SUPPLY