

Customized Durable Medical Equipment (CDME) Repair Request Fax information to CalOptima Health at 714-481-6516

<u>ATTENTION</u>: Standard DME repairs may be requested via CalOptima Health's Provider Portal at <u>https://www.caloptima.org/en/ForProviders/ProviderPortal</u> or via fax using the Authorization Request Form. (Standard DME examples: Basic manual wheelchair, scooter, basic shower equipment, hospital bed, ramp, etc.)

REPAIRS FOR:

 Customized manual wheeld Customized toileting equip Other (specialty/customize) 	ment 🗆 Customized	d bath equipment 🛛 G	ait trainer 🛛 Standing frame		
MEMBER INFORMATION:					
Patient Name: (First)	(Middle)		Gender:□F □M □OtI	1er	
Medi-Cal Number (CIN):	Pat	ient Phone:			
Preferred Language: 🗆 English	□Spanish □Vietna	mese 🗆 Korean 🗆 Ch	inese 🗆 Arabic 🗆 Other		
Caregiver Name: Caregiver Cell:					
Facility Name:	cility Name:Facility Phone Number:				
Equipment Provided By (Vendo	or Name):				
Repair Equipment Age:Serial Number:		umber:	Make and Model:		
Reason for repair and list of wh	nat needs repairs:				
			ring provider. Rx must be within one alth will assign one):		
Primary Diagnosis:			ICD-10:		
Prescribing Practitioner Name:			Medi-Cal Provider ID:		
Phone:	Fax:				
Office Address:		City:	Zip:		
-			Date:		
Office Address: Practitioner's Signature and (Required)	Title:	City:	Zip:		

DME Authorization Request MUST include all of the following completed and signed:

 $\Box\,$ Provider's signature on completed CDME Repair Request Form (referring provider responsibility)

Quote or detailed product description of repairs/modifications from DME vendor (DME vendor responsibility)
 Justification by DME vendor for each repair code requested (DME vendor responsibility)

CalOptima Health forms located at https://www.caloptima.org/en/ForProviders/Resources/CommonForms

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