

REQUEST FOR EQUIPMENT FORM

RECIPIENTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAID or MEMBER #: \_\_\_\_\_ DX: \_\_\_\_\_

Estimated Time Needed: Months  Indefinitely  Permanently   
One Time Only

Procedure Code: \_\_\_\_\_ Date: \_\_\_\_\_

ITEM	ESTIMATE 1	ESTIMATE 2	ESTIMATE 3	TOTAL COST (includes shipping)

AGENCY NAME: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_

CASE MANAGER/SUPPORT BROKER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

AUTHORIZED DMS SIGNATURE:

DATE APPROVED: