

# Service Authorization DME Urgent/Emergent Cover Sheet

**\*\*Service Authorization requests received after 3:30 P.M., Alaska Standard Time (AKST), will be processed by the end of the next business day. \*\***

To: HMS Inc., a Gainwell Technologies Company	HMS Fax Number:	907-644-8131 OR 888-772-3632
From Provider Name:		
Provider Contact Name: _____	Provider Contact Phone: _____	
Provider Contact Email: _____	Date: _____	
Number of Pages: _____		

Member Name: \_\_\_\_\_ Member Medicaid ID: 

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**EMERGENT - NEEDED FOR DISCHARGE**

Individual is discharging from the hospital on (MM/DD/YYYY): \_\_\_\_\_

**URGENT**

- Ventilator
- Initial Oxygen Request
- Enteral Nutrition (Tube/Pump/Oral – 75-100% Caloric Intake)
- Diabetes Pumps/Supplies

**\*\*Requests determined to have missing or insufficient documentation to process the request will be returned to the provider\*\***

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