

OKDMERP
SoonerCare Provider Prior
Authorization Attestation

I, _____ employed by _____,
 SoonerCare Provider # _____ attest that the equipment listed
 below was not available on the OKDMERP website on Date _____.

Please accept this attestation along with our Prior Authorization Request for the
 following equipment for SoonerCare member

Name: _____

SoonerCare ID #: _____

HCPCS	Description	Unit

Instructions: Include with HCA12A – Prior Authorization Request