



Physician Order for Incontinence Supplies
(Diapers, Pull-Ons, Liners, Underpads and Wipes)

___ Initial Request ___ Amendment ___ Recertification

Section I – Physician Information <i>Ordering Physician MUST be SoonerCare Contracted</i> Printed name: _____ Provider ID or NPI: _____ Contact Name: _____ Phone number: _____	Section II – Member Information Name: _____ Member ID: _____ Date of Birth: _____ Address: _____ Phone number: _____
Section III Weight: _____(lbs) Sex ___M ___F Type of Incontinence: ___Urinary ___Bowel ___Both Expected Length of Need: ___Months OR ___Lifetime	
Section IV – Diagnosis Codes: _____ (must include Incontinence Diagnosis code along with other Medical Diagnosis related to incontinence supply need)	
Section V – Mobility ___ Ambulatory w/o assistance ___ Ambulatory w/assistance ___ Non Ambulatory	Section VI - Cognitive Function (related to toileting needs-see www.okhca.org/mau , Incontinence Supplies for info) ___ Able to communicate needs (verbal or non-verbal) ___ Unable to communicate needs
Section VII - Absorbent Products Ordered: (must be a number) Diapers: _____ #/month Liners/Shields: _____ #/month Pull-ons: _____ #/month Underpads (Disposable): _____ #/month Wipes: _____ #/month Underpads (Reusable): Chair _____ #/month Bed _____ #/month	
Section VIII Physician Signature: _____ Date: _____	

**Upon completion of ALL fields above, please e-mail to DME@peoplefirstinc.org
OR fax to 1-844-845-1076 or 580-920-1753**

DME Supplier Prior Authorization Request Section

To be completed by People First Industries

PA # _____

DME Supplier: People First Industries		Phone #: 1-866-895-9956	Date Span Of Service	From: _____
DME Provider ID: 1992975700		Assignment Code: 12 – DME		To: _____
Line Item	HCPCS Code	Description (Must Be On One Line Item)	Total Units for Date Span	
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				