

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 https://www.caloptima.org/en/ForProviders/ProviderPortal or via fax using the Authorization Request Form. (Standard DME examples: Basic manual wheelchair, scooter, basic shower equipment, hospital bed, ramp, etc.)

MEMBER INFORMATION:		
Patient Name: (First) (Mide		Gender: ☐ F ☐ M ☐ Other
Medi-Cal Number (CIN):	Patient Phone:	
Preferred Language: □ English □ Spanis	sh □Vietnamese □ Korean □ Chi	nese 🗆 Arabic 🗆 Other
Caregiver Name:	Caregiver Cell:	
Facility Name:	Facility Phone Number:	
Equipment Provided By (Vendor Name):	:	
Repair Equipment Age:	Serial Number:	Make and Model:
Reason for repair and list of what needs	repairs:	
PRESCRIPTION: [Note: Rx must be com	npleted, signed and dated by referr	ring provider. Rx must be within one year of request.]
Indicate if patient has preferred vendor	(If none specified, CalOptima Hea	lth will assign one):
Deignam Diagnasia		ICD-10:
Primary Diagnosis:		
Prescribing Practitioner Name:		Medi-Cal Provider ID:
		Medi-Cal Provider ID:
Prescribing Practitioner Name:F		