

Please complete this form and fax it to **1-866-497-1384**.

Please print — accuracy is important.

| Provider information | | | | |
|--|-----------------------|-------|---|----------------------|
| Referring provider name: | | | | |
| Contact name: | | | | |
| Contact phone number: | | | Contact fax number: | |
| NPI: | Provider Medicaid ID: | | <input type="checkbox"/> Par <input type="checkbox"/> Non-par | |
| | | | | |
| Treating provider or facility name: | | | | |
| Contact name: | | | | |
| Contact phone number: | | | Contact fax number: | |
| NPI: | Provider Medicaid ID: | | <input type="checkbox"/> Par <input type="checkbox"/> Non-par | |
| | | | | |
| Member information | | | | |
| Medicaid ID number: | | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Member last name: | | | Member first name: | |
| Member address: | | | | |
| Date of birth: | ICD-10 codes: | | Member phone number: | |
| | | | | |
| Type of request: <input type="checkbox"/> Obstetrical delivery | | | | |
| Appearance, pulse, grimace, activity, and respiration (APGAR): | | | | |
| Weight: | | | | |
| | | | | |
| HCPCS and CPT codes | | | | |
| HCPCS/CPT | Code description | Units | Dates of service | |
| | | | From (mm/dd/yyyy) | Through (mm/dd/yyyy) |
| | | | | |
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Other clinical information

If this is an out-of-network request, please provide an explanation and complete the nonparticipating provider form.

Important payment notice

Please note that reimbursement to any rendering provider is determined by satisfying the mandatory requirement to have a valid Delaware Medical Assistance (MA) provider ID. However, effective January 1, 2018, any claim submitted by a rendering provider will be denied if it is submitted without the ordering/prescribing/referring provider's Delaware MA enrolled NPI, or if the NPI does not match that of a Delaware MA enrolled provider.

To check the Delaware MA enrollment status of the provider who is ordering, referring, or prescribing the service you are providing, visit the Delaware Department of Health and Social Services (DHS) provider look-up portal at: <https://medicaid.dhss.delaware.gov/provider>.



Notes

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes.

