

# PHYSICIAN ORDER FOR INCONTINENCE SUPPLIES AGES 4-20

(Diapers, Pull-Ons, Liners, Under pads, Wipes and Non-Sterile Gloves)



**OKLAHOMA**  
Health Care Authority

Initial Request \_\_\_\_\_ Amendment \_\_\_\_\_ Recertification \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

**SECTION I – PHYSICIAN INFORMATION**

*Ordering Physician MUST be SoonerCare Contracted*

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)      Type of incontinence: Urinary \_\_\_\_\_ Bowel \_\_\_\_\_ Both \_\_\_\_\_  
 Sex : M \_\_\_\_\_ F \_\_\_\_\_      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**

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      Under pads (Disposable): \_\_\_\_\_ #/month  
 Under pads (Reusable): Chair \_\_\_\_\_ #/month      Bed \_\_\_\_\_ #/month  
 Under pads (Disposable): \_\_\_\_\_ #/month      Wipes: \_\_\_\_\_ #/month  
 Non-Sterile Gloves (100 per box) \_\_\_\_\_ #boxes/month

**SECTION VIII**      **PHYSICIAN SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

*Upon completion of ALL fields above, please email completed form to DME@peoplefirstinc.org or fax to 1-877-310-2124 or 580-920-1753.*

**DME SUPPLIER PRIOR AUTHORIZATION REQUEST SECTION**

**TO BE COMPLETED BY PEOPLE FIRST INDUSTRIES**

**PA #** \_\_\_\_\_

DME Supplier: <b>PEOPLE FIRST INDUSTRIES</b>	Phone #: <b>1-866-895-9956</b>	Date Span Of Service From:	To:
DME Provider ID: <b>1992975700</b>	Assignment Code: 12 – DME		

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			