



**RETROSPECTIVE AUTHORIZATION REQUEST FORM
FOR URGENT/EMERGENT DMEPOS REQUESTS**

PROVIDER NAME _____ NW PROVIDER # _____

PROVIDER CONTACT NAME _____

PHONE # _____ FAX # _____

DATE OF REQUEST _____ DATE OF SERVICE _____

MEMBER NAME _____

CONTRACT/ID NUMBER _____

DIAG.CODE(S) _____

EQUIPMENT/SUPPLIES DISPENSED _____

HCPCSCODE(S) _____

QUANTITY _____

REASON FOR NOT OBTAINING PRIOR AUTHORIZATION

ABOVE INFORMATION MUST BE COMPLETE AND SUBMITTED WITH ANY SUPPORTING DOCUMENTATION TO BE CONSIDERED FOR RETROSPECTIVE AUTHORIZATION.

RETROSPECTIVE AUTHORIZATION REQUESTS MUST BE SUBMITTED WITHIN THE NEXT TWO (2) SCHEDULED BUSINESS DAYS, OR WITHIN FIVE (5) BUSINESS DAYS FOR POINT-OF-SERVICE PROVIDERS (STOCK/BILL, LOAN CLOSETS) IDENTIFIED BY NORTHWOOD.