Enteral Batch Authorization Request - Northwood BMCHP Implementation

Provider Name:

Date:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS/ BA or BO	Formula Name/Size/Type	Caloric Need per 24 hours	Ordering Physician Name & Phone Number	NW Authorization #	Authorization End Date
EXAMPLE: Smith	John	B1234567	693.1	B4161BO	EleCare/14.1 oz. can/Powder	884 cal./24	Dr. Name, 508-555-1212		

Enteral Batch Authorization Request - Northwood BMCHP Implementation

Provider Name:

Date:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS/ BA or BO	Formula Name/Size/Type	Caloric Need per 24 hours	Ordering Physician Name & Phone Number	NW Authorization #	Authorization End Date
EXAMPLE: Smith	John	B1234567	693.1	B4161BO	EleCare/14.1 oz. can/Powder	884 cal./24 OR 44oz./24	Dr. Name, 508-555-1212		

Enteral Batch Authorization Request - Northwood BMCHP Implementation

Provider Name:

Date:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS/ BA or BO	Formula Name/Size/Type	Caloric Need per 24 hours	Ordering Physician Name & Phone Number	NW Authorization #	Authorization End Date
EXAMPLE: Smith	John	B1234567	693.1	B4161BO	EleCare/14.1 oz. can/Powder	884 cal./24 OR 44oz./24	Dr. Name, 508-555-1212		

Enteral Batch Authorization Request - Northwood BMCHP Implementation

Provider Name:

Date:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS/ BA or BO	Formula Name/Size/Type	Caloric Need per 24 hours	Ordering Physician Name & Phone Number	NW Authorization #	Authorization End Date
EXAMPLE: Smith	John	B1234567	693.1	B4161BO	EleCare/14.1 oz. can/Powder	884 cal./24 OR 44oz./24	Dr. Name, 508-555-1212		