THSteps-CCP Prior Authorization Request Form

If any portion of this form is incomplete, it will be returned.

Request for:	☐ DME	☒ Supplies	☐ Private Duty Nursing	☐ Inpatient Rehabilitation	☐ Other

Client Information

Client Name (Last, First, MI):	
Medicaid Number (PCN):	Date of Birth: / /

Supplier/Vendor Information

Supplier Name: Medco Medical Supply, Inc	Telephone: 713-956-5288	Fax Number: 713-956-1742
Supplier Address: 8860 Fallbrook Dr., Houston, Texas 77064		

TPI: 121704401	NPI: 1093789901	Taxonomy: 332B00000X	Benefit Code: CCP

Diagnosis and Medical Necessity of Requested Services

Dates of Service	From: / /	To: / /

HCPCS Code	Brief Description of requested Services	Retail Price

Note: *HCPCS codes and descriptions must be provided.*

Primary Practitioner's Certifications—To be completed by the primary practitioner

By prescribing the identified DME and/or medical supplies, I certify to the following:

☐ The client is under 21 years of age AND

☐ The prescribed items are appropriate and can safely be used by the client when used as prescribed

For Private Duty Nursing, I certify:

☐ The client's medical condition is sufficiently stable to permit safe delivery of private duty nursing as described in the plan of care.

Signature of prescribing physician:	Date:
Printed or typed name of physician:	

TPI:	NPI:	License Number:

Contact Information for Completed Forms		For TMHP Use Only
Fax Number:	**1-512-514-4212**	
Mailing Address:	**CCP** **PO Box 200735** **Austin, TX 78720-0735**	