



# MedStar Family Choice

DISTRICT OF COLUMBIA

3007 Tilden St., N.W.  
Pod 3N  
Washington, DC 20008  
P: 855-798-4244  
[MedStarFamilyChoice.com](http://MedStarFamilyChoice.com)

**Attn: PRIOR AUTHORIZATION**

MedStar Family Choice

FAX: (202) 243-6258

**Authorization request for:**

ENROLLEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MFC ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ICD10 CODE: \_\_\_\_\_

**PERSONAL AND CONFIDENTIAL**

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHYSICIAN NPI: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Date when DME reaches 90 days: \_\_\_\_\_

**OR** Current Auth# Expires: \_\_\_\_\_

**Original Set Up:** \_\_\_\_\_

<u>HCPSC Code</u>	<u>Item Description</u>	<u>Quantity/Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Comments:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date Request Submitted:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

*Physician signature not required. Request must include current clinical documentation.*

**It's how we  
treat people.**