

SAMPLE PRIOR AUTHORIZATION DECISION REQUEST LETTER FOR PHYSICIANS

TO: DME MAC J

FROM:

DATE:

RE: Prior Authorization Request Decision

HCPCS (check one):

K0856

K0861

---

Patient Name:

Patient HIC#:

Please provide me a copy of the prior authorization decision letter for the above referenced patient once the review is complete. My address is:

Thank you.

X

---