Addendum Form for Medicare Authorization Requests

Please complete and fax this form to Network Health at 920-720-1916 or 920-720-1922 or mail to Network Health, Attn: Medicare Utilization Management Department, 1570 Midway Pl., Menasha, WI 54952.
For provider questions, please call 920-720-1602 or 866-709-0019.

**** This form must be submitted with the Medicare Authorization Request form and will not be considered without it.**

Comments:

****Complete the Additional Information for DME Requests Only****						
HCPCS Code of Item	Retail Purchase Price	Quantity	Purchase	Rental	Repair	Replacement
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
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	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐

****Complete the Additional Information for Home Health/Hospice/Infusion Requests Only****					
Requested Type of Service (Home Health, Hospice, Infusion):					
Infusion Therapy					
Start Date	End Date	Medication	Administration Frequency	NDC Code	# of Per Diem Units