

# Waiver Specialized Medical Supplies Referral Form

Email this completed form to our Waiver Department at [Heather@diamondmedical-ar.com](mailto:Heather@diamondmedical-ar.com)

**Please complete this form in its entirety. All Waiver SMS requests require a new RX and/or medical records or a letter of medical necessity from the patient's doctor. We cannot ship Waiver supplies without an approved prior authorization from the patient's PASSE.**

### CARE COORDINATOR & PASSE INFORMATION

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Is this member on the Waiver Waitlist?      Y or      N

\*We cannot request Waiver SMS for members on the Waitlist.

PCSP Start Date: \_\_\_\_\_      PCSP End Date: \_\_\_\_\_

Select One:      New Request      Renewal      Revision

**PASSE:**      AR Total Care      Empower  
                 CareSource      Summit

### PATIENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:    M or    F

Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*Please note: we cannot ship to a PO box.

Diagnoses: \_\_\_\_\_

### INSURANCE INFORMATION

\*Please list ALL active insurances, including Medicare Part C and commercial.

PASSE ID: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Medicare Part C?      Y or      N

Commercial/Other Insurance?      Y or      N \*If yes, please list below.

Member ID: \_\_\_\_\_      Group #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### CLINIC/PCP INFORMATION

Physician's Name: \_\_\_\_\_

Clinic Name/City: \_\_\_\_\_

Clinic Phone #/Fax: \_\_\_\_\_

Date of Last Appt: \_\_\_\_\_

### FREQUENTLY REQUESTED ITEMS/CATEGORIES

\*Please specify item(s) and monthly or yearly quantity needed. Frequency will be determined by minimum shipping requirements. House brand is noted for each category, but there may be other brands/options available upon request.

	QTY	FREQ	Bed/Seat Covers	QTY	FREQ	Additional Items	QTY	FREQ
<b>Wipes</b>								
<b>Cleansing</b>								
<b>Skin Protectant</b>								

**Other/Misc. Items Available**

\*Items in drop-down are examples - more available than shown here. Note specific item(s) needed in blank(s) provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTC Vitamins/Supplements**

\*Items in drop-down are examples - more available than shown here. Note specific item(s) needed in blank(s) provided and specify dosage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Notes/Special Requests/Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If no specific item/brand is noted, we will send the closest item available to what is being requested. Due to increased shipping costs, we will ship Waiver supplies in as few shipments as possible to meet minimum shipping requirements or add shipping charges if the order does not meet minimum shipping requirements. Updated 03/23