



DME Manually Priced Code Form

- This form is **NOT** for miscellaneous codes or prior authorization (please see DME Supply Request Form).
- Invoice with **ACQUIRED** cost is required in order to process (retail cost is not accepted).

Section 1: Member & Provider Information

<input type="checkbox"/> UPHP Medicaid	<input type="checkbox"/> UPHP HMP	<input type="checkbox"/> UPHP CSHCS	<input type="checkbox"/> UPHP MI Health Link	<input type="checkbox"/> UPHP Medicare Advantage
Member Name:		Member ID Number:		
Provider Office/DME Provider:				
Provider NPI:		Contact Name:		
Provider Phone Number:		Provider Fax Number:		

Section 2: Manually Priced Item Information

If there is a claim on file that reimbursed for \$0.01, it will be reprocessed when this form is received and approved. Invoice must be received within the 365-day timely filing limitation of service date.

HCPCS Code:	Quantity:
Product Description:	
Acquired Cost:	

****UPHP OFFICE USE****

- Approved Price \$ _____
- Acquired Cost Invoice Needed (NOT RETAIL PRICE)
- Request Denied (SEE NOTES BELOW)

NOTES: _____

PROCESSED BY: _____ DATE: _____

**Please call the UPHP Claim Services department with any questions at (906) 225-7746.
 Fax completed form to: UPHP Claims Processing at (906) 225-8770.**