

EXHIBIT B



DURABLE MEDICAL EQUIPMENT (DME)
CERTIFICATE OF MEDICAL NECESSITY

This form is for prior authorization of durable medical equipment only. ALL APPROVALS AUTHORIZED THROUGH THE USE OF THIS FORM ARE SUBJECT TO THE ENROLLEE'S BENEFITS AND ELIGIBILITY.

Please fax to Case Management:
Central Virginia/Fredericksburg/Western - (804) 819-5186 or toll free (866) 284-1057
Tidewater - (757) 466-1133
Roanoke/Darville/Lynchburg - (540) 344-8007 or toll free (800) 827-7192

Form section for patient information including Patient's Name, Address, Date of Birth, ID#, City, State, Zip Code, and Telephone Number.

Form section for equipment details: Type of Equipment/Supply/Appliance and a description of the patient's condition that warrants the requested equipment (include the ICD-9 code).

Form section for treatment history and goals: What other treatment modalities have been tried in the past? What are your expected goals or outcomes for the patient? How long will the patient need the equipment/supply/appliance?

Form section for provider information: Name/Phone Number of Preferred DME Vendor, Name of Ordering Physician, Physician's Address, and Physician's Signature/Date.

Central VA/Fredericksburg/Western: PO Box 5307, Richmond, Virginia 23220 (804) 819-5151 or (800) 727-7536
Tidewater: PO Box 62347, Virginia Beach, Virginia 23466 (757) 461-0064 or (800) 828-7989
Roanoke: PO Box 1751, Roanoke, Virginia 24008 (540) 344-8838 or (888) 338-4579