



Durable Medical Equipment (DME)
Repair/Replacement Justification Form

Authorization By	On Behalf Of
Provider Name:	MaineCare Member Name:
Provider NPI:	MaineCare Member ID:
Submitter:	
Submitter Telephone Number:	

A physician script is not needed if billing for replacement parts and/or repairs for MaineCare outright purchased medical equipment if the costs (excluding shipping and handling) are less than \$699.00. This form does not apply to rental equipment.

By signing this form, I certify that the following criteria are met:

1. The amounts to be billed are for **replacement parts**, not for “add-on” parts for equipment that MaineCare previously authorized.

2. The services being billed are for **repairs that are necessary to make the equipment serviceable** and the cost of replacement parts and labor does not exceed sixty percent (60%) of the estimated cost of replacing the equipment with a new item.

3. The parts being replaced are **no longer under warranty**.

Provider Signature: _____ Printed Name: _____

Date: _____

Please submit this form with your prior authorization (PA) request.