



MaineCare Services
An Office of the
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
 MaineCare Services
 Customer Service
 11 State House Station
 Augusta, Maine 04333-0011
 Toll Free (866) 690-5585; TTY (800) 977-6741

Mail to: MaineCare Claims Processing
 M-100
 Augusta, ME 04332

DME Provider Name: _____

DME Provider Number (NPI): _____

MaineCare Member: _____

MaineCare Member ID: _____

I certify by placing an (X) in this box that the above named MaineCare member resides in a Nursing Facility (NF) or Intermediate Care Facility-Mental Retardation. The charges on this claim form are for Durable Medical Equipment (DME) and parts and/or repair of DME that was not purchased by the Medicare Program. A Prior Authorization (PA) has been requested and received for procedure codes requiring a PA.

I certify by placing an (X) in this box that the above named MaineCare member resides in a Nursing Facility (NF) or Intermediate Care Facility-Mental Retardation. The charges on this claim form are for Durable Medical Equipment (DME), **specifically Wheelchair**, that is not covered for purchase by the Medicare Program when member resides in a NF or ICF-MR. A Prior Authorization (PA) has been requested and received for procedure codes requiring a PA.

I certify by placing an (X) in this box that the above named MaineCare member resides in a Nursing Facility (NF) or Intermediate Care Facility-Mental Retardation (ICF-MR). This MaineCare member requires oxygen supplies and rental equipment which are not a covered service under the Medicare program for members residing in a NF or ICF-MR. A Prior Authorization (PA) has been requested and received for procedure codes requiring a PA.

DME Authorized Signature

Date: _____