



## **SUPPORTING DOCUMENTATION – CERTIFICATE OF MEDICAL NECESSITY/PRESCRIPTION FOR DURABLE MEDICAL EQUIPMENT CLAIMS**

Use this form to submit documentation to support a durable medical equipment claim denial where a certificate of medical necessity or prescription is required for claim processing.

*Note: This form should not be used to submit a corrected claim and documentation, a reconsideration, or formal appeal.*

### **Claim Information**

Please provide the information below to help locate your claim:

Provider's Taxpayer Identification Number (TIN):

Provider's National Provider Identifier (NPI):

Sponsor (SSN) (XXX-XX-XXXX):

or DoD Benefits Number (DBN) (XXXXXXXXXX-XX):

Claim Number:

### **Submit Form and Documentation**

Please only submit this form and your supporting documentation. Any other attachments such as claim images, EOBs, or letters will delay reviewing and processing.

Mail or fax this completed form along with your Certificate of Medical Necessity and/or prescription to:

PGBA: TRICARE DME CMN Forms  
P.O. Box 202167  
Florence, SC 29502

Fax: 877-989-0030 (PGBA)

*Note: Please use a separate form for each claim and its supporting documentation. If submitting by fax, please send one request at a time as multiple submissions in the same fax will delay handling and review.*