

Bathroom Equipment

Health Care Authority (HCA) Authorization Services Office
PO Box 45535 Olympia, WA 98504-5535
Fax: (866) 668-1214

Please provide the information below. Print or type your answers, attach the required supporting documentation, sign, date, and submit the request as follows:

- Online submission:** Complete an online submission via the ProviderOne Portal. Submit the HCA prescription form 13-794, this completed form online along with supporting documentation (as needed).
- Written submission:** Fax a completed General Information for Authorization form (13-835), as the first page of the fax, the HCA prescription form (13-794), this completed form and supporting documentation to the Authorization Services Office at 1-866-668-1214. Please do not use a fax cover sheet with the request.

1

Completed by Supplier or Provider

Client name

Client Providerone ID

2

Prescribing Provider Information

Provider's name

ProviderOne NPI number

Phone number (with area code)

Fax number (with area code)

3

Supplier Information

Supplier

Supplier NPI number

Phone number (with area code)

Fax number (with area code)

4

Medical Equipment Request

Equipment and accessories requested

ICD-10

Description

5

Completed by prescribing provider

Medical justification: Why does the client require the use of the requested equipment?

Is this request related to discharge planning? Yes No

If yes, please explain: If so, please include discharge facility, discharge location (eg. AFH), and date of discharge. and accessories requested.

Current equipment: Does the client currently use any bathroom equipment? If so, why does the current equipment not meet the client's needs? Does the client have a walk-in shower or bathtub in the home?

Provider name and credentials

Prescribing provider signature

Date