EQUIPMENT PRIOR APPROVAL REQUEST

Document Control Number

Illinois Department of Public Aid

EEE

1. Trans Code
2. Prior Approval Number
3. Case Name
4. Recipient Name (First, MI, Last)
5. Recipient Number
6. Birthdate
7. Inst Set
8. Case Number
9. Recipient Street
10. Diagnosis Description
11. Recipient City State ZIP
12. Diagnosis Code
13. Ordering Provider Name
14. Order Prov. No
15. Facility Name
16. Provider Street
17. Provider Telephone ( )
18. Facility City
19. Provider City State Zip
20. Supplying Provider Name
21. Supply Prov. No.
22. Provider Street
23. Provider Telephone ( )
24. Provider City State Zip
25. Aprv Authority
26. Disp Date
27. Approving Authority Signature
28. Receipt Date

29. SERVICE SECTIONS

1
DISP STATUS
0=Denied
1=Aprv
Req Item No. | Req Qty | Prov Charge | Cat. Service
Aprv Item No | Aprv Qty | Unit Amount | Purchase/Rental
Total Amount | Begin Date | End Date
Description
Reason for Denial

2
DISP STATUS
0=Denied
1=Aprv
Req Item No. | Req Qty | Prov Charge | Cat. Service
Aprv Item No | Aprv Qty | Unit Amount | Purchase/Rental
Total Amount | Begin Date | End Date
Description
Reason for Denial

3
DISP STATUS
0=Denied
1=Aprv
Req Item No. | Req Qty | Prov Charge | Cat. Service
Aprv Item No | Aprv Qty | Unit Amount | Purchase/Rental
Total Amount | Begin Date | End Date
Description
Reason for Denial

30. Medical Necessity/Additional Diagnoses

This is to certify that the information above is true, accurate, and complete.

Completion mandatory Ill Rev. Stat. Ch. 23, P.A. Code. Penalty non-payment. Form approved by Forms Management Center.

31. Supplying Provider Signature

32. Request Date