



# Medicaid Oxygen of Utah

OPERATED BY ALPINE HOME MEDICAL EQUIPMENT

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FAX | 1-855-5-UT-ST-OX | 1-855-588-7869

## Medicaid Portable Oxygen Prior Authorization Required information

Name of Patient		Equipment Needed: Portable Oxygen Tanks (E0443)	
Patients DOB			
Oxygen Liter Flow			
Diagnosis			

### 1<sup>st</sup> Doctor

Name of Doctor			
Number of visits per month		Length of Visit	
Travel time to and from visit			

### 2<sup>nd</sup> Doctor

Name of Doctor			
Number of visits per month		Length of Visit	
Travel time to and from visit			

### 3<sup>rd</sup> Doctor

Name of Doctor			
Number of visits per month		Length of Visit	
Travel time to and from visit			

### Medical exercise program or therapy

Type of Therapy			
Number of visits per month		Length of Visit	
Travel time to and from visit			

Physician Signature:		Date:	
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