Molina Healthcare

Request for External Wheelchair Assessment

Effective 2/1/2023

Fill out the form with member and provider information and fax to Molina Healthcare at (866) 449-6843.

MEMBER INFORMATION		
Member Name:		**DOB:**
Member ID:		**Phone:**
Member Home Address:		**Diagnosis Code (ICD 10):**

THIS IS NOT A REQUEST FOR AUTHORIZATION

*****CRP: Assign to wheelchair category and route straight to nurse inbox. Do not build in QNXT*****

PROVIDER INFORMATION			
Ordering Provider Name / Ordering Provider NPI			
Dispensing Provider Name/ Dispensing Provider NPI			
Contact at Requesting Provider's Office:			
Phone Number:		Fax Number:	

For Molina Healthcare use only: