



# State of Wyoming

## Department of Workforce Services



**Matthew H. Mead**  
Governor

DIVISION OF WORKERS' COMPENSATION  
1510 East Pershing Boulevard, South Wing  
Cheyenne, Wyoming 82002  
<http://www.wyomingworkforce.org>

**John Cox**  
Director  
**John Ysebaert**  
Deputy Director

### Durable Medical Equipment Vendor Authorization Request

Phone 307-687-5301 Fax 307-687-5312

Date:

**Claimant Name:**

**Claim Number:**

Vendor Name:

Federal Tax ID Number:

Address:

City/State/Zip:

Phone Number:

Fax Number:

Email:

Name:

Contact Number:

| SERVICE/EQUIPMENT<br>(Include HCPCS codes and descriptor) | QUANTITY | PRICE |
|---|----------|-------|
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
|   |          |       |
| <b>TOTAL</b>  |          |       |

**Please include with this request:**

- a. *Treating providers prescription or LOMN with an applicable diagnosis code*
- b. *Medical records to support need*
- c. *Diagnosis codes: \_\_\_\_\_*

For Wyoming Workers Compensation Use ONLY

**Authorization Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_**

**Reimbursement will be paid according to the Wyoming Workers Compensation Fee Schedule if approved.**

Signature \_\_\_\_\_

