



Montgomery County SELF-INSURANCE PROGRAM

Services provided by MANAGED CARE INNOVATIONS



To obtain durable medical equipment, external prosthetics and orthotics, complete the information below and email it to referrals@medtecheng.com or fax to 301-761-3303

Date of Referral: _____
Claim Number: _____
Date of Injury: _____
Claimant Name: _____
Person to contact to arrange delivery: _____
Phone: (day) _____ Phone: (cell) _____
Email address: _____
Address for delivery: _____

Diagnosis (ICD 10 Codes ONLY): _____

Equipment Required: _____

If urgent when required: Date/Time: _____

Purchase

Rental

Length of time equipment is needed: (i.e. 3 weeks, 6 months, lifetime, etc.) _____

Attach DME prescription with physician information or provide the following:

Physician that wrote the DME prescription:

Physician Address & Phone: _____

Comments regarding referral:

Person submitting this request: _____ Phone: _____
Submitter's email: _____

**You will receive email confirmation of your referral within 24 hours.
DME REFERRAL QUESTIONS? Contact MedTEC at 301-352-0344, ext. 106
or Email us at referrals@medtecheng.com**