



Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
 DIVISION OF WORKERS' COMPENSATION
 5221 Yellowstone Rd
 Cheyenne, Wyoming 82002
<http://www.wyomingworkforce.org>



Robin Sessions Cooley, J.D.
Director
 Elizabeth Gagen, J.D.
Deputy Director

Durable Medical Equipment Vendor Authorization Request
 Phone 307-687-5304 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 (Include HCPCS codes and descriptor)	QUANTITY	PRICE
TOTAL		

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 _____

