



# 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: Contact

Name:

Contact Number:

SERVICE/EQUIPMENT (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*

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 \_\_\_\_\_

