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NHIC, Corp. DME MAC Jurisdiction A ADMC Request

Date: _____

ADMC HCPCS Code(s) and narrative for base wheelchair:

Company Name: _____

Company Address: _____

Supplier #: _____

Contact Name: _____ Telephone #: _____

Beneficiary Name: _____

Beneficiary Address: _____

HICN#: _____

Date of Birth: _____ Place of Service: _____

ICD 9: _____

Physician's Name: _____

Physician's Address: _____

UPIN: _____ Telephone #: _____

Number of pages (including coversheet): _____

Mail to:

NHIC, Corp.
 Attention: ADMC
 P.O. Box 9170
 Hingham, MA 02043-9170

Fax Number
 781-741-3991
 Attention ADMC