



# HERS Breast Cancer Foundation Program Store Locations

Fremont (main office): Washington Hospital – P: 510-790-1911 F: 510-505-9160

Stanford: Stanford Cancer Center – P: 650-497-6046 F: 650-497-6051

Pleasanton: Stanford Valley Care – P: 925-734-3315 F: 510-505- 9160

FAX TO: \_\_\_\_\_

FAX #: \_\_\_\_\_

DATE: \_\_\_\_\_

PAGE: \_\_\_\_\_ of \_\_\_\_\_

**Please assist us in requesting an authorization from your patient’s medical group:**

- Check the box (above) next to the location your patient will visit.
- Fill in the appropriate location, fax number, date and pages.
- Indicate the items you are requesting for your patient.
- Fax this to the location your patient will visit.

**Note:** form is for patients with HMO insurance plans. Thank you.

## AUTHORIZATION REQUEST for:

**Patient:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Insurance Name:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Patient Phone #:** \_\_\_\_\_

- Qty: \_\_\_\_\_ L8000 Surgical Bras  
 \_\_\_\_\_ L8030 Breast Prosthesis (Silicone)  
 \_\_\_\_\_ L8020 Breast Prosthesis (Foam)  
 \_\_\_\_\_ L8015 External Breast Prosthesis Garment  
 \_\_\_\_\_ L8010/S8424 Compression Sleeve (Ready-Made)  
 \_\_\_\_\_ S8428 Compression Gauntlet (Ready-Made)  
 \_\_\_\_\_ S8427 Compression Glove (Ready-Made)  
 \_\_\_\_\_ A9282 Cranial Prosthesis

**Authorization Must Include New NPI & Confirmation of PECOS Enrollment  
Fax to HERS Breast Cancer Foundation**

Information in this facsimile is confidential. If you received this in error, please fax or call us.