

Consumer: Consumer #

Home Medical Equipment and Supplies

Date Estimate Received: Service Code:

Description:

Bid Cost: Date:

Supervisor: Approval Disapproval N/A

Thank you very much for your assistance.

We are Able Unable to accept your bid.
We appreciate your time and efforts in assisting our consumers

If Medicare/Medicaid denial received PASSPORT will pay, PASSPORT IS THE PAYOR OF LAST RESORT

Date: Case Manager:

Date: Provider Contact: