

Transplant /Gene Therapy /Cellular Therapy Benefit Verification

To submit a Benefit Verification request, please complete the following information and fax all related clinical information to support the medical necessity of this request to

AmeriBen Medical Management

Attn: Transplant Coordinator

Fax: 208-955-1502 Phone: 866-438-0151

Date Request Submitted

I. Patient Information:

Patient Name (First and Last)		Date of Birth	Gender: ☐ M ☐ F
Patient Address, Street, City, State, Zip			
Patient ID Number	Patient Phone		
Employee Name (First and Last)	Employer Name		
☐ See attached Face Sheet for Demographics			

II. Transplant Benefits Requested

☐ Solid Organ (please indicate which organ/organs):
☐ Bone Marrow Stem Cell (please indicate type):
☐ Gene Therapy (please indicate medication being requested):
☐ Adoptive Cell Therapy (please indicate type) ☐ CAR-T ☐ TIL ☐ TCR T
Additional transplant medications requested:
Diagnosis Code/ICD10:
Surgical Transplant Code (will be used throughout transplant process, including evaluation):
Requested Dates for EVALUATION period: _____ thru _____
☐ Outpatient ☐ Inpatient
Facility Rendering Care
Facility Tax ID
Facility NPI
Facility Address, Street, City, State, Zip
Facility Phone Number
Facility FAX number

III. Transplant Financial Coordinator or Designated Contact

<i>Contact Name (First and Last)</i>			
<i>Phone Number</i>		<i>FAX number</i>	
☐ In Network Facility	☐ Out-of-Network	☐ Center of Excellence	☐ Blue Distinction Center

IV. Provider Overseeing transplant

<i>Physician Name (First and Last)</i>	
<i>Physician Tax ID</i>	<i>Physician NPI</i>
<i>Physician Address, Street, City, State, Zip</i>	
<i>Physician Phone Number</i>	<i>Physician FAX number</i>
<i>Physician Representative</i>	<i>Phone Number</i>

Important Information:

- Please attach clinical documentation to support transplant necessity.
- Benefit verification will be faxed upon completion
- To verify eligibility, network status and any issues regarding claims, please contact the dedicated toll free number on the member's ID card.