À	Creat		version of Syncfu	sion Essential PC	No. 2729 P.0021002
	From:	ndos west	version of Syncfu	To9561367	Page 2/2
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	AL CENTRE	-			,
TO SE	COMPLETED BY F	rescriber Pa	elant Name 2001 Co	sselman coe	x 8-31-55
Date Wi	itten:		Date of Adminis	stration	*
Height: Weight	5 . 3 157 kg/bs	IV fluid during the	7.0.9% IV @ <u>20</u> mL/r 10.9% IV @ mL/r	nour hour	Aliergies: (please list reactions)
		20 minutes prior to ball	damb:		penicillin
Aceti	eminophea (Tyleno ennydomine (Bens	#®) 650mg orally adry#®) 25mg orally	induction	\sim	SUHA
☐ Diphe	enhydramina (Bens	idryl®) 25mg (V pusi			codeine
Hyda	ncortisone (Solu-Ci vintedatedone (So	artel®) 100mg IV pus lu-Mędrol®) 40mg IV	to much extern	8 weeks	pachesive Tai
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May 22 2019 15:25:03

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Реде 102

P. 2/5

No. 2729

♥CVS caremark

Notice of Approval

Date: 05/22/2019

BONI BESSELMAN 121 COUNTRY CLUB DRIVE FLORIDA, NY 10921

Plan Member Name: BONI BESSELMAN

Plan Member ID: ********3602

Prescriber Name: ALAN PLUMER Prescriber Phone: 1-8456154000 Prescriber Fax: 1-8456154002

Dear BONI BESSELMAN:

CVS Caremark® received a request for coverage of Remicade for you.

As long as you remain covered by your prescription drug plan and there are no changes to your plan benefits, this request is approved for the following time period:

05/22/2019 - 05/22/2021

or aa

5-22-19

Approvals may be limited as follows:

- By dosing limits. Dosing limits may be established in accordance with FDA approved labeling, accepted compendia, evidence based practice guidelines or your prescription drug plan benefits;
- By indication. For some products, coverage may be available for select indications only;
- By National Drug Code (NDC). Drug products are identified by unique numerical
 product identifiers, called NDCs, which identify the manufacturer, strength,
 dosage form, formulation and package size. Some NDCs may not be covered.

The prescription drug plan requires that this medication be filled through CVS/Specialty Pharmacy. If you have not done so already, a prescription can be faxed to 1-800-323-2445 along with a copy of this letter and the request will be processed.

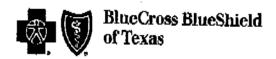
If you have any questions, please call Customer Care toll-free at the number on your benefit ID card or in your benefit plan materials.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not attributed with CVS Caremark.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

91-38153A 021819

TDD/TTY: 1-800-863-5488



Subscriber Name:

Member Name: BONI BESSELMAN

Member Address: 121 COUNTRY CLUB DRIVE

FLORIDA, NY 10921-1552

Request ID: 19113AADRH

May 15, 2019

Dear BONI BESSELMAN:

This letter is in response to a request for service(s)/procedure(s). The following service(s)/procedure(s) has been approved as medically necessary as defined by the member's Health Care Benefits booklet or Summary Plan Description.

Member Name:

BONI BESSELMAN

Date of Birth:

AUGUST-31-1955

Subscriber ID:

821383050

Request ID: Physician:

19113AADRH Alan Plumer

Total Days/Units of Service:

8

Treatment Setting:

Outpatient

Onset of Service:

APRIL-22-2019

Service Procedure Code/Description:

J1745 - Injection, infliximab, excludes biosimilar, 10 mg

Begin Date

End Date

Days/Units Approved

05/22/2019

04/22/2020

6

Note for Provider: Service codes that do not require medical review are processed as approvals unless these services (codes) are ancillary to a primary service which has been denied or lacks contractual benefit.

Please contact the phone number on the back of your card prior to the above listed expiration date if an additional review of benefits is needed for further days/units of service. In order to ensure coverage, Blue Cross and Blue Shield of Texas must also be notified if any of the following occur:

- · The treatment plan or level of care is changed,
- The ordering physician or facility is changed from that noted above.
- The date of service is changed or cancelled.

Approval through the Health Care Management Department is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in your Certificate of Benefits Booklet and/or Summary Plan Description as well as the preexisting condition waiting period, if

BESSELMAN, BONI, F, 08/31/1955

845-551-4359

HMG Goshen GI-30 Hatfield 30 Hatfield Lane, Suite 107 . Goshen, NY 10941-7104 & 845-703-8806

FINAL RESULT

Accession (D: 1086656	Lab Ref ID: 7496208
Order Date: 02/21/2019	Result Reod: 02/27/2019 15:14:05
Coll. Date: 02/22/2019 12:40:00	Report: 02/22/2019 12:40:00
Requesting Physician: Plumer, Alan	Ordering Physician: Plumer, Alan

QUANTIFERON TB GOLD+,1T

NAME	VALUE	REFERENCE RANGE	
F QUANTIFERON PLUS,1T	Negative	Negative	
- Negative test result. M. tuberculosis	complex infection	4/////	
- unlikely.			
F NIL	0,02	(IU/mL)	
F MITOGEN-NIL	>10.00	(IU/mL)	
F TB1-NIL	0.01	(IU/mL)	
F. TB2-NIL	0,01	(IU/mL)	
-The Nil tube value reflects the backgr			
- gamma immune response of the patie	· · · · · · · · · · · · · · · · · · ·		
- This value has been subtracted from	the patient's		
displayed TB and Mitogen results.			
•			
Lower than expected results with the	Mitogen tube		
prevent false-negative Quantiferon re	adings by		
detecting a patient with a potential im	типе	VALVE	
suppressive condition and/or subopting	nel pre-analytical		· Paranera
- specimen handling.			. *************************************
•			
The TB1 Antigen tube is coated with t	ha		
M. tuberculosis-specific antigens desi	gned to elicit		
responses from TB antigen primed CI	04+ helper		-
- T-lymphocytes.			
The TB2 Antigen tube is coated with t	he		
M. tuberculosis-specific entigens design	gned to elicit		
responses from TB antigen primed CD	04+ helper and CD8+		
cytotoxic T-lymphocytes.			
For additional information, please refe	rto.	The state of the s	

NAME	VALUE	REFERENCE RANGE
- http://education.questdiagnostics.com/fac	7/204	
- (This link is being provided for information	nel/	
- educational purposes only.)		The state of the s
NON-FASTING		
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