

Phone: 1-800-861-0048 Fax: X-XXX-XXXX

www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION							
NAME:			DATE OF BIRTH:		RECORD ID:		
PROVIDER INFORMATION			TREATMENT	INFORMATIO	N		
PRESCRIBER:			ICD CODE(S):				
SITE NAME:			PAYER-SUGGESTE	EDCPTCODE(S):			
SITE OF SERVICE:			PAYER-SUGGESTED J CODE(S):				
NETWORK STATUS:							
PRIMARY INSURANCE INFORMATI	ON						
PAYER NAME:		PAYER TYPE:			PAYER CONTACT:		
PAYER PHONE:		PLAN NAME:			PLAN TYPE:		
PRODUCT CO-PAY/CO-INSURANCE:		GROUP #:			POLICY #:		
OFFICE CO-PAY/CO-INSURANCE:		POLICY RENEWAL DATE:			POLICY EFFECTIVE DATE:		
ADMINISTRATION CO-PAY/CO-INSURANCE:		(OOP) MAX:		BENEFIT TYPE:			
DEDUCTIBLE:		LIFETIME MAX:			☐ SELF-FUNDED	☐ FULLY-FUNDED	
COVERAGE/PRIOR AUTHORIZATI	ON INFORMATION All clair	ms subject	to insurer rev	view and appr	roval.		
PRODUCT(S) NAME:							
COVERAGE		I	PA REQUIREMENT	S			
□ COVERED	□ NOT COVERED		PA REQUIRED:	□ YES □	NO UNDISCLOSED		
☐ COVERED WITH RESTRICTIONS	UNDISCLOSED		PRE-DETERMINA	TION SUGGESTED	o: □YES □NO		
COVERAGE NOTES/DETAILS:			AUTHORIZATION I	NEORMATION:			
				□ YES □ N	D PENDING		
			PHONE:		FAX:		
PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.							
UNDISCLOSED	OPTION 1			OPTION 2			
☐ BUY AND BILL	NAME:	1	FAX:	NAME:	AUTH #:		
☐ SPECIALTY PHARMACY OPTIONAL	PHONE:			PHONE:			
☐ SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:						

This document is provided for information purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee payer reimbursement for product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.



Phone: 1-800-861-0048 Fax: X-XXX-XXXX www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION									
NAME:		DATE OF BIRTH;			RECORD ID:	RECORD ID:			
SECONDARY INSURANCE INFORM	MATION								
PAYER NAME:		PAYER TYPE:			PAYER CONTACT:	PAYER CONTACT:			
PAYER PHONE:		PLAN NAME:		PLAN TYPE:	PLAN TYPE:				
PRODUCT CO-PAY/CO-INSURANCE:		GROUP #:		POLICY #:	POLICY #:				
OFFICE CO-PAY/CO-INSURANCE:		POLICY RENEWAL DATE:			POLICY EFFECTIVE DATE	POLICY EFFECTIVE DATE:			
ADMINISTRATION CO-PAY/CO-INSURANCE:		(OOP) MAX:			BENEFIT TYPE:	BENEFIT TYPE:			
DEDUCTIBLE:	EDUCTIBLE:				☐ SELF-FUNDED	☐ FULLY-FUNDED			
COVERAGE/PRIOR AUTHORIZAT	ION INFORMATION All clai	ms subject to i	nsurer re\	view and a	pproval.				
PRODUCT(S) NAME:									
COVERAGE	PA REQUIREMENTS		S						
□COVERED	□NOT COVERED	PA REQUIRED: ☐ YES ☐			□ NO □ UNDISCLOS	ED			
☐ COVERED WITH RESTRICTIONS	□UNDISCLOSED	PRE-D	ETERMINAT	ION SUGGEST	TED: ☐ YES ☐ NO				
COVERAGE NOTES/DETAILS:		AUTH	ORIZATION	INFORMATION	N:				
		PA ON AUTH		□ YES [□ NO □ PENDING				
		PHON	E:		FAX:				
PRODUCT ACQUISITION OPTIONS List of SPPs may not include all available options. If preferred SPP is not listed, check with payer.									
□ UNDISCLOSED	OPTION 1			OPTION	2				
☐ BUY AND BILL	SUY AND BILL NAME:		NAME: PHONE:						
☐ SPECIALTY PHARMACY OPTIONAL									
☐ SPECIALTY PHARMACY REQUIRED	NOTES/DETAILS:								
ADDITIONAL COMMENTS									

This document is provided for information purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee payer reimbursement for product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.



Phone: 1-800-861-0048 Fax: X-XXX-XXX-XXXX

www.bmsaccesssupport.com

Benefits Review Results Form

PATIENT INFORMATION		
NAME:	DATE OF BIRTH:	RECORD ID:

LIST OF THIRD-PARTY CHARITABLE FOUNDATIONS The foundation(s) listed are independent from Bristol-Myers Squibb Company and have their own eligibility criteria and evaluation process. Bristol Myers Squibb cannot guarantee that a patient will receive assistance.

This document is provided for information purposes only and is not intended to provide reimbursement or legal advice. Benefits reviews completed by BMS Access Support do not guarantee payer reimbursement for product treatment and administration. BMS Access Support makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information.