

# EntyvioConnect

## Insurance Benefit Verification Form

**Phone: 1-855 –ENTYVIO (368-9846) Fax: 1- 877-488-6814**

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### Requesting Information

Requestor:	#####	Patient Name:	Firstname LastName4
Physician:	Providefn Lastname4	Patient DOB:	11/24/1966
Facility:	Facility Test Name4	SR ID#:	1-1475050171
Phone:	(888) 888-5657	Date Sent:	8/22/2018
Fax:	(888) 888-5652	Sent By:	Krista

### Insurance Information

Payer:	Primary - United Healthcare (UHC)		Plan Type: HRA	Managed Care – Choice Plus	
Payer Phone:	8778423210	Policy ID:	5984156498	Plan Renewal Date:	01/01/2019

### Benefit Investigation Results

Access Options	Entyvio HCPCS	Entyvio NDC
Benefit Type	Major Medical	Prescription
Drug Code	J3380	64764-300-20
Covered Administration	CPT 96365 <input checked="" type="checkbox"/> / 96413 <input checked="" type="checkbox"/>	See Medical Benefit
Setting of Care	Physician's Office	N/A
Network Status	In Network	N/A
Coverage	Prior Authorization Required	N/A
Coverage Reason	Supporting Doc Required	N/A
Co-pay / Coinsurance	25%	N/A
Deductible	\$3,750.00 – \$3,745.08 met	N/A
Out-of-Pocket Maximum	\$6,650.00 – \$6,545.61 met	N/A
Annual Maximum	N/A	N/A
Limitations/Restrictions	N/A	N/A

### Specialty Pharmacy Options - Mandated ☐ Optional ☒

Major Medical <input checked="" type="checkbox"/> Prescription <input type="checkbox"/>	Optum Rx	Phone Number:	(877) 306-4036
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### Prior Authorization ☐ / Predetermination ☐

Submission Method:	Fax	Estimated Turnaround Time:	21 Days
Payer Phone Number:	(877) 842-3210	Payer Fax Number:	(866) 756-9733
Required Information:	Clinical Notes, Patient diagnosis, Place of Service, Name of Facility or Provider, Must note Provider is requesting Pre Determination on Fax Cover Sheet		

### If Prior Authorization is on file:

Approval Number:	N/A	Approval Dates:	N/A	Approved Units:	N/A
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### Additional Information

The deductible and co-insurance apply towards the out of pocket maximum. Once the out of pocket maximum has been met, the patient will be covered at 100%. The payer recommends a pre-determination for Entyvio through the Major Medical benefit. If you would like to obtain a pre-determination, please fax Must note on Cover Sheet that Provider is requesting Pre Determination, Clinical Notes, Patient diagnosis, Place of Service, and Name of Facility or Provider to the payer at (866) 756-9733. To follow up on the status, please call the payer at (877) 842-3210. If you would like assistance with the pre-determination, please let us know and we would be happy to assist. The above named patient has commercial insurance and may be eligible for the Copay Program. The Copay Program will automatically reach out to you to provide you more information regarding your eligibility. For questions, please have the patient call the EntyvioConnect Program at 855-368-9846 for additional information.