

Benefit Verification Fax Request Form



Reimbursement Support Program

Phone: (866) 647-3646, option 1, then option 2

Fax: (877) 946-1000

Please complete this form and return by fax or phone. A reimbursement counselor will research the patient's benefits for Mirena, provide a written coverage profile report and follow-up with the appropriate contact.

Provider Information

Prescribing Physician:

Tax ID #:

DEA#:

State License#:

NPI #:

Payer Specific Provider #:

Site Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Office Contact:

Best Time to Call:

Patient Information

Name:

Scheduled Insertion Date (if known): / /

Address:

Diagnosis code: V25.1

City:

State:

Zip:

Other: _____

Phone:

SS#:

Date of Birth: / /

Patient Insurance Information

Insurance Company Name (1):

Insurance Company Name (2):

Phone:

Phone:

Policy #:

Group:

Policy #:

Group:

Policy Holder Information (if difference from patient):

Policy Holder Info. (if difference from patient):

Name:

Name:

Employer:

SS#:

Employer:

SS#:

Relation to Patient:

Relation to Patient:

Physician Authorization:

I certify that Mirena® therapy is medically necessary and that this information is accurate to the best of my knowledge. I authorize TheraCom, Inc. in its capacity on behalf of Berlex Laboratories ("TheraCom"), to be my designated agent and to act as my business associate (as defined in 45 CFR 160.103) to use and disclose any information in this form to the insurer of the above-named patient and to obtain any information about the patient, including any protected health information (as defined in 45 CFR 160.103), from the insurer, including eligibility and other benefit coverage information, for my payment and/or health care operation purposes. As my business associate, TheraCom is required to comply with, and by its signature hereto, agrees that it will comply with, the applicable requirements of 45 CFR 164.504(e) regarding business associates, and that it will safeguard any protected health information that it obtains on my behalf, and will use and disclose this information only for the purposes specified herein or as otherwise permitted by law.

Physician Signature:

Date:

TheraCom Signature:

Date:

Patient Consent:

I authorize the Mirena Reimbursement Support Program to obtain information from my physician, insurance company, and other sources as deemed necessary to ensure the accuracy and completeness of understanding my coverage for Mirena.

Patient's Signature:

Date:

The Mirena Reimbursement Hotline will assist you in determining your patients' coverage for Mirena, as well as the insertion procedure. There are two options in using the Hotline:

- Call toll-free 1-866-647-3646, option 1, then option 2 and speak to a representative between 8 am and 5:30 pm ET, Monday through Friday.

– OR –

- Complete the Benefit Verification Request Form and fax it (toll-free) to 1-877-946-1000

1 Collect Patient and Prescribing Physician Information

In the space provided on the Benefit Verification Form:

- Physician's name, address, phone, tax ID, DEA #, state license # and NPI #
(*this can be entered once and the form photocopied to streamline future requests*)
- Patient name, address, phone number **and scheduled insertion date (if known)**
- Patient insurance information

2 Submit the Benefit Verification Form via Fax: 1-877-946-1000

A reimbursement specialist will call your office to verify receipt of the form and will verify your patient's coverage and benefits. The Hotline will fax your office a summary of the coverage and benefits as soon as completed, usually within a few days.

The Summary of Benefits will indicate whether the patient has coverage for Mirena through the pharmacy or medical benefit, coverage for the insertion procedure, and the codes that should be used to bill.

3 Select Option for Ordering Mirena

Your ordering options may be determined by the specifics of your patient's insurance plan:

- **If Mirena is covered through the pharmacy benefit**, TheraCom can bill the insurer for Mirena. The physician should bill for the insertion procedure using code **CPT 58300**. TheraCom will request a prescription from the physician, will collect any required co-payment from the patient, label the product for the patient and ship to the prescriber's office.
- **If Mirena is covered through the medical benefit**, the physician should purchase Mirena at the wholesale price and bill using codes **J7302** for the Mirena and **CPT 58300** for the insertion.
- **If the patient does not have coverage for Mirena**, she may still choose to purchase out of pocket at the retail price. The physician will need to provide a prescription to TheraCom that will then collect payment from the patient for the Mirena and ship the product to the prescriber's office. The physician will bill for the insertion procedure using code **CPT 58300**.

4 Underpaid or Denied Claims

Although rare, occasionally a claim for Mirena is denied or underpaid. The Hotline is available to help. Fax a copy of the insurer's Explanation of Benefits (EOB) and a copy of your original claim to the Hotline at 1-877-946-1000 so that we can contact the insurer to inquire about the issue. In situations where the claim needs to be formally appealed, the Hotline will provide the prescriber's office with a sample letter of appeal that can be printed on the prescriber's letterhead for submission to the insurer.