

HEALTHCHOICE

3545 NW 58th, Suite 500, Oklahoma City, OK 73112
Phone: 1-800-543-6044 or 1-405-717-8879
FAX: 1-405-717-8947 or 1-405-717-8935

SYNAGIS REQUEST

This information is private and confidential.

(◆) Billing Provider: _____ (◆) Date: _____
(◆) Billing Address: _____
(◆) TIN: _____ Contact Person : _____
Phone: _____ (◆) Fax # : _____
(◆) Patient: _____ (◆) DOB: _____
(◆) Member: _____ (◆) Member ID #: _____
Diagnosis / History: _____

(◆) Has patient had Synagis dose: Yes No
(◆) Date given: _____ Given where: _____
Ordering Physician: _____ Phone: _____
Copy of Prescription attached: (◆) CPT/HCPCS Codes: _____
Name of Home Health Agency if Synagis is to be given in patient's home:

(◆) Number of injections ordered by physician: _____

*****FOR HCMD USE ONLY*****

CERT MET / PENALTY APPLIES

Number of injections certified: _____
Start Date: _____ End Date: _____
Approved by: _____ Date: _____

COMMENTS:

NOTE: These benefits are applicable only if the patient is eligible for HealthChoice, and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1 (800) 782-5218.
MEDICARE PATIENTS: If HealthChoice is supplement, all services requested must initially be approved by Medicare.

(◆) **DENOTES INFORMATION REQUIRED TO COMPLETE REVIEW FOR CERTIFICATION**