Attachment Form A1: Transplant Services Notification Form

When filling out this form:
- Use the tab key to go from field to field.
- Print and sign this form.

Referring Healthy Blue plan:					
Patient name:		Patient ID:		Date of birth:	
Group name/ID number:		Subscriber name/ID number:			
Primary insurance carrier name:					
Secondary insurance carrier:					
Transplant type (please check all that apply)					
Bone marrow stem cell	**Patient diagnosis:**				
Type:	Autologous ☐	Allogenic ☐	"Mini" allogenic ☐	Tandem #1 ☐	Tandem #2 ☐
Cell source:	Bone marrow ☐	Peripheral blood stem cell ☐	Cord blood ☐		
Donor (if allogenic):	Related ☐	Unrelated ☐	Matched ☐	Mismatched ☐	
Solid organ	**Patient diagnosis:**				
Organ type:		Initial transplant ☐	Re-transplant ☐		
Donor:	Cadaveric ☐	Living donor ☐			
Transplant hospital name:					
Transplant hospital address:					

This patient meets the medical necessity guidelines of Healthy Blue for the above noted transplant, for included transplant service. All eligible transplant services and global/outlier rates are listed in the Centers of Medical Excellence Hospital Participation Agreement.

Contact:		at:		For precertification and to verify continued eligibility for medical benefits prior to beginning CME Transplant Services.	
Authorized plan representative signature:					
Title:		Exp. Date:		Print name:	
Area code + phone number:				Fax number:	
Contact:		at:		For Case Management Services.	

Hospital: Submit bundled, global claim (including the *Billing Summary Form Solid Organ Transplant* or *Billing Summary Form Bone Marrow/Stem Cell Transplant*), and a copy of this *Transplant Services Notification Form* to:

Name:		Address:		Phone number:	
Contact:		at:		For precertification and to verify continued eligibility for medical benefits prior to beginning CME Transplant Services.	

Please reconfirm this plan claim contact information prior to submitting bundled global claim. Hospital is to collect any applicable coinsurance, deductibles, and co-payments. **Plan:** Provide any additional information or special instructions below (i.e., LTM, COB, deductibles, co-payments, etc.)