

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 <input type="checkbox"/> Allogeneic <input type="checkbox"/> "Mini" allogeneic <input type="checkbox"/> Tandem #1 <input type="checkbox"/> Tandem #2 <input type="checkbox"/>		
Cell source:	Bone marrow <input type="checkbox"/> Peripheral blood stem cell <input type="checkbox"/> Cord blood <input type="checkbox"/>		
Donor (if allogenic):	Related <input type="checkbox"/> Unrelated <input type="checkbox"/> Matched <input type="checkbox"/> Mismatched <input type="checkbox"/>		
Solid organ	Patient diagnosis:		
Organ type:	Initial transplant <input type="checkbox"/> Re-transplant <input type="checkbox"/>		
Donor:	Cadaveric <input type="checkbox"/> Living donor <input type="checkbox"/>		
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.
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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 CME Attachment C or D), and a copy of this *Attachment Form A1: Transplant Services Notification Form* to:

Name:		Address:		Phone number:	
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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.)

<https://providers.healthyblue.com>

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BLAPEC-2389-21 April 2021