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PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING AND INSURANCE APPROVAL

- Include signed and completed order (MD/prescriber to complete page 1)
Include patient demographic information and insurance information
Include patient's medication list
Supporting clinical notes to include any past tried and/or failed therapies, intolerance, benefits, or contraindications to conventional therapy
For biologic orders, has the patient had a documented contraindication/intolerance or failed trial of a conventional therapy (i.e., 6MP, azathioprine)?
For biologic orders, does the patient have a contraindication/intolerance or failed trial to any other biologic (i.e., Humira, Stelara, Cimzia)?
Include labs and/or test results to support diagnosis
If applicable - Last known biological therapy: \_\_\_\_\_ and last date received: \_\_\_\_\_
Other medical necessity: \_\_\_\_\_

REQUIRED DOCUMENTATION FOR REFERRAL PROCESSING AND INSURANCE APPROVAL

- TB screening test completed within 12 months - attach results
Hepatitis B screening test completed (Hepatitis B surface antigen) - attach results
JCV antibody & TOUCH authorization
Labs indicating iron deficiency

\*If TB or Hepatitis B results are positive - please provide documentation of treatment or medical clearance, and a negative CXR (TB+)

Compassus will complete insurance verification and submit all required documentation for approval to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. We will review financial responsibility with the patient and refer him/her to any available co-pay assistance as needed. Thank you for the referral.

Please fax all information to \_\_\_\_\_ or call \_\_\_\_\_ for assistance

Compassus