



Prior Authorization (PA) Sample Results Form



SYNVISC Connection
Prior Authorization (PA) Results

Phone: (800) 982-8292
Fax: (800) 508-8083

www.SynviscOne.com/reimbursement

To: Sue

From: SYNVISIC Connection Representative

Physician Name: David Smith, MD

Service Request Number: 2-2222222

Fax Number: (123) 456-7890

Date: 1/2/2010

Patient Name: John Doe

Date of Birth: 12/5/1950

Insurance Company: Anthem Blue Cross of California (BC CA)

Insurer Phone: (805) 713-4599

Insurer PA Contact: Jill S.

Policy Number: 123456

The service request number is the unique identifier for this patient's case.

The approval period varies by patient's health plan.

Specifies the product submitted for PA.

SYNVISC Connection obtains the PA approval number.

Details if approval is for the initial treatment or retreatment.

| Prior Authorization (PA) Results | |
|----------------------------------|--|
| PA outcome | Approved- Recertification Required |
| Dates for approval | 1/10/2010-6/10/2010 |
| Diagnosis approved | 715.96 |
| Product approved | <input checked="" type="checkbox"/> Synvisc-One® <input type="checkbox"/> SYNVISIC® |
| CPT code/s approved | J7325 |
| PA approval number | 0000-1234 |
| Treatment approved | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Retreatment <input type="checkbox"/> Initial and retreatments (up to _____ retreatments) |

If the payer denied your prior authorization request, please contact SYNVISIC Connection at (800) 982-8292 to discuss appeal options or alternate funding sources.

| Additional Information |
|---|
| Prior Authorization approved for bilateral treatment. |

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For demonstration use only. Actual patient coverage will differ on a case-by-case basis.

