

Understanding Your Patient's Benefit Verification Form

After *EntyvioConnect* verifies a patient's insurance coverage, your office will receive a summary of the findings, like the one below. We have added descriptions to each section of the form so you understand the benefit findings. A completed sample form is also included on the last page as a reference.

EntyvioConnect			
Insurance Benefit Verification Form			
Phone: 1-855-ENTYVIO (368-9846) Fax: 1-877-488-6814			
<small>Disclaimer: EntyvioConnect is an information service only. The information contained below has been provided by the insurer or third-party payer. This is not a guarantee of coverage or reimbursement now or in the future, and the EntyvioConnect disclaims liability for payment of any claims, benefits, or costs. Confidentiality Notice: This message may contain CONFIDENTIAL information concerning the named addressee. If you are not the named addressee or his/her authorized representative, your DISCLOSURE or USE of this information is PROHIBITED. If you receive this message in error, please notify us promptly and then destroy this document.</small>			
REQUESTING INFORMATION			
Requestor:	Physician:	SR ID#:	
Facility:	Office Phone:	Office Fax:	
Patient:	Patient DOB:	Date Sent/Agent:	
INSURANCE INFORMATION			
Payer:	Primary/Secondary:	Plan Type:	
Phone:	Policy ID:	Plan Renewal Date:	Call Reference #:
BENEFIT INVESTIGATION RESULTS			
Access Options	Entyvio HCPCS	Entyvio NDC	
Benefit Type	Major Medical	Prescription	
Drug Code	J3380	64764-300-20	
Covered Administration	CPT 96365 <input type="checkbox"/> / 96413 <input type="checkbox"/>	See Medical Benefit	
Setting of Care			
Network Status			
Coverage			
Coverage Reason			
Co-pay / Coinsurance			
Deductible			
Out-of-Pocket Maximum			
Annual Maximum			
Limitations/Restrictions			
SPECIALTY PHARMACY OPTIONS - Mandated <input type="checkbox"/> Optional <input type="checkbox"/>			
Major Medical <input type="checkbox"/> Prescription <input type="checkbox"/>		Phone Number:	
PRIOR AUTHORIZATION <input type="checkbox"/> / PRE-DETERMINATION <input type="checkbox"/>			
Submission Method:		Estimated Turnaround Time:	
Payer Phone Number:		Payer Fax Number:	
Required Information:			
IF PRIOR AUTHORIZATION IS ON FILE:			
Approval Number:		Approval Dates:	Approved Units:
ADDITIONAL INFORMATION			

- A Requesting Information**
Key patient and office information received during *EntyvioConnect* enrollment.
- B Insurance Information**
Health plan contacted by *EntyvioConnect* to complete benefits investigation.
- C Benefit Investigation Results**
EntyvioConnect typically only reviews information related to the medical benefit (HCPCS column). If there is no medical benefit available under the patient's health plan, or if the provider does not intend to buy and bill, *EntyvioConnect* will review information for the pharmacy benefit (NDC column).
EntyvioConnect will include information on:
- **Setting of Care and Network Status:** Site of care that is covered for Entyvio administration
 - **Coverage and Coverage Reason:** Relevant details for provider and patient
 - **Out-of-Pocket costs:** Includes **Co-pay/Coinsurance, Deductible, Out-of-Pocket Maximum,** and **Annual Maximum**
 - **Limitations/Restrictions:** Additional details that may affect patient cost and coverage

HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code.

Understanding Your Patient's Benefit Verification Form (cont'd)

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Insurance Benefit Verification Form			
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REQUESTING INFORMATION			
Requestor:	Physician:	SR ID#:	
Facility:	Office Phone:	Office Fax:	
Patient:	Patient DOB:	Date Sent/Agent:	
INSURANCE INFORMATION			
Payer:	Primary/Secondary:	Plan Type:	
Phone:	Policy ID:	Plan Renewal Date:	Call Reference #:
BENEFIT INVESTIGATION RESULTS			
Access Options	Entyvio HCPCS	Entyvio NDC	
Benefit Type	Major Medical	Prescription	
Drug Code	J3380	64764-300-20	
Covered Administration	CPT 96365 <input type="checkbox"/> / 96413 <input type="checkbox"/>	See Medical Benefit	
Setting of Care			
Network Status			
Coverage			
Coverage Reason			
Co-pay / Coinsurance			
Deductible			
Out-of-Pocket Maximum			
Annual Maximum			
Limitations/Restrictions			
SPECIALTY PHARMACY OPTIONS - Mandated <input type="checkbox"/> Optional <input type="checkbox"/>			
Major Medical <input type="checkbox"/> Prescription <input type="checkbox"/>		Phone Number:	
PRIOR AUTHORIZATION <input type="checkbox"/> / PRE-DETERMINATION <input type="checkbox"/>			
Submission Method:		Estimated Turnaround Time:	
Payer Phone Number:		Payer Fax Number:	
Required Information:			
IF PRIOR AUTHORIZATION IS ON FILE:			
Approval Number:	Approval Dates:	Approved Units:	
ADDITIONAL INFORMATION			

D

Specialty Pharmacy Options

Indicates if a health plan requires a specialty pharmacy (SP) to be used to obtain Entyvio (vedolizumab) ("Mandated" will be checked). If "Optional" is selected, you can obtain Entyvio from an SP or SP distributor. If neither is selected, then you must obtain Entyvio from a specialty distributor.

E

Prior Authorization/Pre-Determination

Provides details on whether a prior authorization (PA) or pre-determination is required and how to submit information to the health plan.

F

If Prior Authorization is on File

Provides details on an approved PA on file and the associated approval information for your reference.

G

Additional Information

Summarizes key points from all of the sections contained in this document. Typical information will include how to find a PA form, how to check the policy for additional information, whether the patient is registered in the Co-Pay Program, and the associated Co-Pay Program member ID.

Example of Completed Benefit Verification Form

EntyvioConnect Insurance Benefit Verification Form						SAMPLE ONLY	
Phone: 1-855 –ENTYVIO (368-9846) Fax: 1- 877-488-6814							
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REQUESTING INFORMATION							
Requestor:	John Doe	Physician:	Mary Smith	SR ID#:	0123456789		
Facility:	Main Street GI Clinic	Office Phone:	(123) 555-5555	Office Fax:	(123) 444-4444		
Patient:	Jack Jones	Patient DOB:	01-02-1977	Date Sent/Agent:	06-02-2021		
INSURANCE INFORMATION							
Payer:	Primary/Secondary: Health Plan ABC			Plan Type:	Commercial		
Phone:	(888) 123-4567	Policy ID:	HP00123	Plan Renewal Date:	01-01-2022	Call Reference #:	00001
BENEFIT INVESTIGATION RESULTS							
Access Options		Entyvio HCPCS			Entyvio NDC		
Benefit Type		Major Medical			Prescription		
Drug Code		J3380			64764-300-20		
Covered Administration		CPT 96365 <input checked="" type="checkbox"/> / 96413 <input checked="" type="checkbox"/>			See Medical Benefit		
Setting of Care		Physician office					
Network Status		In network					
Coverage		Covered			Coverage through Major Medical		
Coverage Reason		Per insurer guidelines					
Co-pay / Coinsurance		25%					
Deductible		\$2,000; \$1,500 met					
Out-of-Pocket Maximum		\$5,000; \$1,500 met					
Annual Maximum		N/A					
Limitations/Restrictions		Subject to medical necessity					
SPECIALTY PHARMACY OPTIONS - Mandated <input type="checkbox"/> Optional <input checked="" type="checkbox"/>							
Major Medical <input checked="" type="checkbox"/> Prescription <input type="checkbox"/>					Phone Number:		
PRIOR AUTHORIZATION <input type="checkbox"/> / PRE-DETERMINATION <input type="checkbox"/>							
Submission Method:		Fax		Estimated Turnaround Time:		Up to 48 hours	
Payer Phone Number:		(888) 123-4567		Payer Fax Number:		(888) 999-9999	
Required Information:		Medical history, prior therapies					
IF PRIOR AUTHORIZATION IS ON FILE:							
Approval Number:				Approval Dates:			
Approved Units:							
ADDITIONAL INFORMATION							
Health plan requires a PA that can be retrieved at www.healthplanABC/PA . Patient is eligible for co-pay support and has been enrolled. Member ID is 12345678910							

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