



Understanding Your Patient's Benefit Verification Form

After *EntyvioConnect* verifies a patient's insurance coverage for either IV administration and maintenance or SC pen maintenance, your office will receive a summary of the findings. The first sample form is blank, with explanations next to each section. The second sample shows what it might look like COMPLETED when it comes back to you for review.

Phone: 1-855-ENTYVIO (368-9846) Fax: 1-877-488-6814

Insurance Benefit Investigation Results for Patients

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.

A PATIENT INFORMATION

Patient Name: [Firstname Lastname]	Patient DOB: [MM/DD/YYYY]	SR ID#: [SR#]
Insurance: [Payer Name]	Plan Type: [plan type]	
Policy ID: [Payer Policy#]	Plan Renewal Date: [Renewal Date]	

B PHYSICIAN INFORMATION

Physician: Dr. [Provider Name]	Phone: [HCP Phone]	Fax: [HCP Fax]
Facility: [Facility Name]	Network Status: [In-network/Out-of-network]	

C BENEFIT INVESTIGATION RESULTS

Access Options	Entyvio IV Infusion Benefits
Covered as:	[Major Medical/Prescription]
Is Entyvio IV Covered?	[Covered/Prior Authorization Required/Not Covered]
Is the Administration Covered?	[Covered/Not Covered]
Coinsurance/Co-pay	[Coinsurance/copay]
Deductible	[\$xx.xx - \$xx.xx met]
Out-of-Pocket Maximum	[\$xx.xx - \$xx.xx met]
Annual Maximum	[\$xx.xx - \$xx.xx met]

D PRIOR AUTHORIZATION NEXT STEPS (IF APPLICABLE)

[patient PA FUNs]

E ADDITIONAL INFORMATION

[patient FUNs]

C BENEFIT INVESTIGATION RESULTS

Access Options	Entyvio IV Infusion Benefits	Entyvio SubC Injection Benefits
Covered as:	[Major Medical/Prescription]	Prescription
Is Entyvio SubC Covered?	[Covered/Prior Authorization Required/Not Covered]	[Covered/Prior Authorization Required/Not Covered]
Is the Administration Covered?	[Covered/Not Covered]	N/A (Self-injectable)
Coinsurance/Co-pay	[Coinsurance/copay]	[Coinsurance/copay]
Deductible	[\$xx.xx - \$xx.xx met]	[\$xx.xx - \$xx.xx met]
Out-of-Pocket Maximum	[\$xx.xx - \$xx.xx met]	[\$xx.xx - \$xx.xx met]
Annual Maximum	[\$xx.xx - \$xx.xx met]	[\$xx.xx - \$xx.xx met]

A Patient Information
Pertinent patient information and health insurance details.

B Physician Information
Contact details and network status.

C Benefit Investigation Results
This section includes information on:

- **Coverage:** Includes how the drug is administered and whether a PA is needed
- **Out-of-Pocket costs:** Includes **Co-pay/Coinsurance, Deductible, Out-of-Pocket Maximum, and Annual Maximum**



D Prior Authorization Next Steps
Additional information related to submitting a PA, if applicable.

E Additional Information
Summarizes key points from all of the sections contained in this document. Typical information might include how to find a PA form, how to check the policy for additional information, whether a certain specialty pharmacy should be used for the Entyvio Pen, whether the patient is registered in the Co-Pay Program, and the associated Co-Pay Program member ID.

ID=identification; IV=intravenous; PA=prior authorization; SC=subcutaneous.

Example of Completed Benefit Verification Form

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 	SAMPLE ONLY
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Insurance Benefit Investigation Results for Patients	
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PATIENT INFORMATION	
Patient Name: John Doe	Patient DOB: 01-01-1980
Insurance: Health Plan ABC	SR ID#: 00001
Policy ID: HP00123	Plan Type: Commercial
Plan Renewal Date: 01-01-2024	
PHYSICIAN INFORMATION	
Physician: Dr. Jack Jones	Phone: (888) 123-4567
Facility: Main Street GI Clinic	Fax: (888) 123-4568
Network Status: In-network	
BENEFIT INVESTIGATION RESULTS	
Access Options	Entyvio IV Infusion Benefits
Covered as:	Major Medical
Is Entyvio SubC Covered?	Covered
Is the Administration Covered?	Covered
Coinsurance/Co-pay	Coinsurance
Deductible	\$2,000; \$1,500 met
Out-of-Pocket Maximum	\$2,000; \$1,500 met
Annual Maximum	\$2,000; \$1,500 met
Entyvio SubC Injection Benefits	
Prescription	
N/A (Self-injectable)	
PRIOR AUTHORIZATION NEXT STEPS (IF APPLICABLE)	
N/A	
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	

