

BENEFIT VERIFICATION

EXCLUSIVELY FOR SYNVISC®/SYNVISC-ONE®

Web-based

No software to install

Fast Turnaround

Majority within 4 hours*

Guaranteed

Careform commitment

MySynvisc™BV is a portal to help you:

- › Verify insurance benefits (medical and pharmacy)
- › Obtain prior authorizations
- › Coordinate specialty pharmacy fulfillment
- › Track the progress of each case at any time

On average, **98%** of patient cases that were **NOT cancelled received coverage**[†]

Careform stands behind the accuracy of results provided through the program, MySynvisc™BV. If a claim is denied as a result of an error by MySynvisc™BV, the practice will be eligible for reimbursement up to their SYNVISC and/or Synvisc-One product cost.

FEATURES



LIVE SUPPORT

support@Careform.com

1-844-MYSYNVISC (1-844-697-9684)

Hours: Monday-Friday 8 am-7 pm Eastern Time

Benefit verification requests processed

Monday-Friday 8 am-8 pm Eastern Time

Specialty pharmacy requests processed

Monday-Friday 8 am-6 pm Eastern Time

eSignature

Integrated into the benefit verification and prior authorization submission forms—no need to print, sign, and upload prescriptions.

Electronic prior authorization forms

Available for select payers.

E-mail alerts

Users may opt into benefit verification e-mail notifications:

- › Daily status report of all open cases
- › Alerts triggered by status changes, completion, or information requests

*If submitted by 1 pm Eastern Time and no prior authorization or additional information required.

[†]Data on file.

BENEFIT VERIFICATION SUMMARY REPORT

A summary report is generated on the MySynvisc™BV portal as soon as a patient's benefits are verified.

Example:

Case ID: 9999-0001		Date Completed: 2/24/2016	
PATIENT INFORMATION:			
Name: Jane Q. Patient		DOB: 12/23/1922	Phone: 734-809-1234
PRESCRIBING PHYSICIAN INFORMATION:			
Physician Name: John G. Goodhealth, MD		Facility Name: Test Clinic A	
Phone: 888-999-0000		Fax: 888-999-0001	
*Diagnosis Code: M17.10	*HCPCS Code: J7325 For Synvisc-One and SYNVISC, per 1mg		
*CPT Code: 20610	Circle Modifier: <input checked="" type="checkbox"/> -RT <input type="checkbox"/> -LT	50 (bilateral)	
INSURANCE INFORMATION:			
Insurance Company Name: Highmark BCBS		Policyholder's Name: Jane Q. Patient	
ID #: 5550202G		Relationship to Patient: self	
Group ID #: 10290347		Policy Effective Date: 03/01/2014	
Policy Level: Family		Policy Renewal Date: n/a	
Plan Type: PPO		Office Visit Co-Pay: \$50	
Medication Coverage Alerts <input checked="" type="checkbox"/> Provider Buy and Bill <input checked="" type="checkbox"/> Provider May Fill Through Specialty Pharmacy <input type="checkbox"/> Not Covered			
Specialty Pharmacy Provider:		Phone:	
MEDICAL BENEFITS			
*Injection (20610)		*Synvisc (J7325)	
Primary	Secondary	Primary	Secondary
Insurance Company: Highmark BCBS		Insurance Company: Highmark BCBS	
Covered	Yes / Choose an Item.	Yes / Choose an Item.	Choose an Item.
Specialty Pharmacy		Required <input checked="" type="checkbox"/> Optional No Preference	Required <input type="checkbox"/> Optional No Preference
Pre-Certification Req.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Auth. Req.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCP Referral Req.		<input type="checkbox"/>	<input type="checkbox"/>
No Retail Coverage			
In Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Network		<input type="checkbox"/>	<input type="checkbox"/>
Coverage	100%	80%	
Copay	\$50	n/a	
Deductible	\$1000	\$1000	
Deductible Met	\$250	\$250	
Out of Pocket Met	\$350	\$350	
Out of Pocket Max	\$6700	\$6700	
Annual Max			
Annual Max Met			
Lifetime Max	n/a	n/a	
Lifetime Max Met	n/a	n/a	
Reimbursement			

- > Shows coverage status
- > Indicates whether prior authorization is required
- > Shows the exact amount the patient needs to pay

There is no real patient information shown on this flash card.

ACTIVATE YOUR ACCOUNT TODAY!