



COMPREHENSIVE SUPPORT FOR NEUROLOGY THERAPY

Patient Information

Patient Name: _____ DOB: _____

Required Documentation for Referral Processing & 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 (H&P) to support primary diagnosis

Has the patient tried and failed previous drug therapy? Yes No

If yes, which drug(s)? _____

Labs attached

JCV antibody (Tysabri orders)

AChR antibody (Vyvgart and Ultomiris)

Hepatitis B antigen and Hepatitis B core total (Ocrevus orders)

Other supporting labs based on diagnosis/order

Diagnostic testing

MRI documentation (Tysabri and Ocrevus)

Other diagnostic testing to support diagnosis/order

Vaccine record

Meningococcal vaccinations – both Men B and Men ACWY (Soliris and Ultomiris orders)

Other medical necessity: _____

Hy-Vee Health 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.

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