Confidential client notification form

Use this form to notify Optum of your intent to access its participating health care provider agreement for evaluation and/or specialized services. Please fax to Optum at (877) 897-5338 or email to cmc_client_services@optum.com.

Complete sections 1-4 for the following referrals:	**Complete sections 1-4 and the corresponding section for the following referrals:**
☐ Transplant Centers of Excellence (COE) network	☐ Bariatric Resource Services (5)
☐ Transplant Access Program (TAP) network	☐ Cancer Resource Services (6)
☐ Extra Contractual (EC) (non-Optum contracted medical center or program referral) **Note:** All CAR-T Cell Therapy referrals are currently EC	☐ Congenital Heart Disease (7)
	☐ Kidney Resource Services (8)
	☐ Orthopedic Health Solutions (formerly Spine and Joint) (9)
	☐ Ventricular Assist Device Program (10)

Select the line of business: ☐ Commercial ☐ Medicaid ☐ Medicare

Section 1 — Medical center information			
Medical center:	Program type:		
If program type is CAR-T, select a therapy: ☐ ABECMA® ☐ Breyanzi® ☐ CARVYKTI® ☐ KYMRIAH® ☐ TECARTUS™ ☐ YESCARTA®			
Section 2 — Client information			
Client name:	Distributor name:		
Stop loss carrier:			
Stop loss carrier contact:	Stop loss carrier contact phone #:		
Client case manager:			
Email address:	Phone #:	Fax #:	
Section 3 — Claims information			
Claims mailing contact:			
Email address:	Phone #:	Fax #:	
Claims mailing address:	City:	State	ZIP:
Claims status contact:			
Email address:	Phone #:	Fax #:	
Section 4 — Patient information (name and ID # must be as exactly as it appears on the health ID card)			
Name: ID #:	☐ M ☐ F	DOB:	Phone #:
Street address:	City:	State:	ZIP:
Diagnosis:	ICD10 code:		
Has the patient been evaluated, received services, or had surgery at this center? ☐ Yes ☐ No			
If yes, date rendered:	If no, date scheduled for:	*OR*	☐ Not yet scheduled
Employer group:			
Patient coverage effective date:	Eligibility verification phone #:		
Other coverage, if applicable:	Coverage effective date, if applicable:		
Other coverage is: ☐ Medicare ☐ Medicaid	Other coverage is: ☐ Primary ☐ Secondary		
Accessing Phase V (optional post-transplant phase of the Optum contract): ☐ Yes ☐ No			

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Section 5 — For Bariatric Resource Services, complete the following:		
Medical center tax ID:	Group # noted on member ID card:	
Patient height (CM):	Patient weight (Kg):	
Section 6 — For Cancer Resource Services, complete the following:		
CRS case remains in effect until:	Is this a renewal? ☐ Yes ☐ No	
Section 7 — For Congenital Heart Disease (in-utero or newborn referrals), complete the following:		
Mother's full name:	ID #:	Primary insured? ☐ Yes ☐ No
Father's full name:	ID #:	Primary insured? ☐ Yes ☐ No
Section 8 — For Kidney Resource Services, complete the following:		
Patient height (CM):	Patient weight (Kg):	
EPO dosage (units):	Frequency per week:	Route: ☐ IV ☐ SQ
OON deductible:	OON out of pocket:	OON co-pay:
Does the patient have a co-payment, co-insurance or deductible when combined is less than $10,000 per calendar year? ☐ Yes ☐ No		
Section 9 — For Orthopedic Health Services (formerly Spine & Joint Services), complete the following:		
Case effective date:	Surgical indication date:	Surgery date:

Section 10 — For Ventricular Assist Device, complete the following:

Select program type:
☐ Bridge to transplant
☐ Destination therapy
☐ VAD destination unknown

Accessing a contract for VAD equipment and supplies? ☐ Yes ☐ No

If yes, complete the section on the right.

Only complete this section if accessing a VAD equipment and supply vendor.

Vendor (select one):
☐ Acelis (formerly Alere)
☐ ActiCare
☐ Contiuum
☐ Orthodynamics

Equipment type (select one):
☐ All-inclusive rental
☐ Replacement equipment (rental)
☐ Replacement equipment (purchase)
☐ Wound care only

Section 11: Additional comments

Medical Center is responsible for verifying continued eligibility and benefits for health services and for obtaining prior authorization for certain health services and referrals, as defined by the client (including inpatient/outpatient services, rehabilitation services and HHC/DME). Medical Center is responsible for providing client, upon the member's acceptance or listing with UNOS, with documentation that shows member meets the medical center's transplant selection criteria.

Client case manager is responsible for notifying medical center of their request that clinical correspondence be copied to the case manager, primary physician and/or referring physician. Client case manager is responsible for the coordination of patient care.

The health services described on this Notification Form falls within the terms of the participation agreement between Optum and Medical Center named above. Client, through its agreement with Optum, has access to the rates described in that participation agreement.