Dermavest®
Human Placental Connective Tissue Matrix

AediCell
From Life For Life.

BENEFITS ANALYSIS FORM

YOUR AEDICELL REPRESENTATIVE IS: _____

Hotline Phone: *(877) 614-2355* 9:00 am - 6:00 pm EST
Fax: (866) 859-2355
Email:dvhotline@aedicell.com ***Please do not email PHI**

PHYSICIAN INFORMATION

Name: _____

NPI: _____ Tax ID: _____

Phone: _____ Fax: _____

Facility Address: _____

City, State, ZIP: _____

FACILITY INFORMATION

Name: _____

NPI: _____ Tax ID: _____

Phone: _____ Fax: _____

Facility Address: _____

City, State, ZIP: _____

PTAN _____

PATIENT INFORMATION

Name: _____

DOB: _____ SSN: _____

Gender: **MALE/FEMALE** Phone: _____

Address: _____

City, State, ZIP: _____

OK TO CONTACT PATIENT OR CAREGIVER?

YES ☐ **NO** ☐

Other contact name and info:

_____

Is the patient currently residing in a nursing home or skilled nursing facility? **YES** ☐ **NO** ☐

Is the patient currently in a surgical global period? **YES** ☐ **NO** ☐

PROCEDURE SETTING / PLACE OF SERVICE WHERE DERMAVEST WILL BE BILLED (CIRCLE)

HOPD (22) PHYSICIANS OFFICE (11) FREE STANDING ASC (24) SKILLED NURSING FACILITY (31) OTHER CODE _____

PRIMARY INSURANCE INFORMATION

Payer Name: _____

Policy ID#: _____

Group#: _____

Payer Phone #: _____

Physician In-Network? **YES NO** Facility In-Network? **YES NO**

SECONDARY INSURANCE INFORMATION

Payer Name: _____

Policy ID#: _____

Group#: _____

Payer Phone #: _____

Physician In-Network? **YES NO** Facility In-Network? **YES NO**

PRIMARY DIAGNOSIS CODE(S)		INTENDED PROCEDURE CODE(S)
1. ICD-10	4. ICD-10	1. Q4153 (HCPCS) DERMAVEST / PLURIVEST
2. ICD-10	5. ICD-10	2. CPT
3. ICD-10	6. ICD-10	3. CPT

*Please attach patients medical notes and history so we may obtain required Prior Authorizations

WOUND SIZE(S): _____

NOTES: _____

_____ **DATE OF PROCEDURE :** _____

Physician Signature: _____ Date: _____

*I certify that I have received the necessary patient authorization to release medical and/or patient information to Aedicell and its contractors

Information provided by the Dermavest Hotline on patient benefits analysis is strictly representative of information communicated by the insurers to the Hotline. The Dermavest Hotline is offered as an informative service. Third party payments are stipulated by a variety of factors; therefore the information provided on this form should not be interpreted as a guarantee of either current or future coverage or reimbursement.