



## **Cartiform Insurance Verification Request [IVR] Faxing Instructions**

*All fields must be filled out by the facility staff and faxed from the account*

**Step 1** – Acquire the IVR form from the Hotline by calling **855-687-7506**

**Step 2** – Fill out the IVR form. Please refer to required information below

**Step 3** – Fax the completed IVR form to The Cartiform Reimbursement Hotline at **855-886-2484**

**Step 4** – You will receive results via fax within 3 business days. Be sure to include the correct fax number on the request form

### **Please ensure all applicable fields are completed prior to faxing**

#### **Patient Information and Insurance Information**

- Option 1: Fill out all the patient information [name, DOB, Insurance Name, Policy ID number(s)]
- Option 2: Include a copy of the patient face sheet for patient demographics

#### **Required Treatment Information**

- Place of Service (select one) – Physician Office, Hospital Outpatient, Free Standing ASC, Hospital-based ASC, Critical Access hospital or other
- Diagnosis Codes – List all applicable codes

#### **Prior Authorization Assistance**

- Check this box if you would like the Hotline's assistance in tracking prior authorizations with the insurance carrier if required

#### **Required Physician and Facility Information**

- Tax ID # and NPI # – Required for both provider and facility (if applicable)
- Network status with the patient's group plan
- Payer specific ID – Please provide if available
- Contact Name – Provide a valid contact person in the event additional information is needed
- Phone/Fax # – IVR results will be sent to the number(s) provided. Results can be faxed to multiple numbers
- Business Associate Agreement (BAA) – Check yes or no box. If BAA is not on file, patient information will not be shared with the Cartiform sales representatives

#### **Physician signature and Date**

- The form must be signed and dated in order to be processed.

**Questions? Need assistance? – Call 855-687-7506**