



Benefit Request & Prescription Form

Phone 1-833-MyBV-360 (692-8360)
Fax 1-833-MyBV-FAX (692-8329)
www.mybv360.com

Patient Information

Last Name*	First Name*	SSN	DOB*
Home Address	City	State	Zip
Home Phone	Alt Phone	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male	

Medical Insurance - Primary

Plan Name*	Phone #
Member ID*	Group #

Medical Insurance - Secondary

Plan Name	Phone #
Member ID	Group #

Pharmacy Insurance - Primary

Member ID	BIN
PCN	Group #

Pharmacy Insurance - Secondary

Member ID	BIN
PCN	Group #

Physician Information

Full Name*	NPI*	Tax ID	License	PTAN
Address	City	St	Zip	Phone* Fax

Requested Investigation




<input type="checkbox"/> Complete Benefits Investigation for both Pharmacy and Medical Benefit (Recommended)	CPT Code (Choose Administration): <input type="checkbox"/> 20610 - Intra-articular Injection <input type="checkbox"/> 20611 - Ultrasound-Guided Intra-articular Inj.
<input type="checkbox"/> Run Pharmacy Benefits Investigation and script medication through the Pharmacy	
<input type="checkbox"/> Run Medical Benefits Investigation in order to Buy & Bill	

Please note that Prior Authorizations will not be completed for Medical Benefits Investigations. It is the responsibility of the provider to complete this process after the patient benefits have been determined. If no benefits investigation option is selected, both medical and pharmacy benefits investigations will be conducted for CPT Code 20610. Benefits given are an estimation and not a guarantee of payment. Benefits are subject to change, and it is recommended that benefits are obtained within two weeks of the intended date of service to assure accuracy of plan information.

Clinical Information

ICD Code(s): Check primary <input type="checkbox"/> _____ <input type="checkbox"/> _____	Treatment Site(s): <input type="checkbox"/> Right Knee <input type="checkbox"/> Left Knee <input type="checkbox"/> Bilateral	Please Attach Patient Chart and Clinical Data
	Scheduled Treatment Date:	

Prescription Information (Choose dosing):

	Unilateral -qty: 1 <input type="checkbox"/>	Bilateral -qty: 2 <input type="checkbox"/>
Directions: Inject 1 DUROLANE syringe into the affected knee(s).		
	Unilateral -qty: 3 <input type="checkbox"/>	Bilateral -qty: 6 <input type="checkbox"/>
Directions: Inject 1 GELSYN-3 syringe into the affected knee(s) each week for 3 weeks		
	Unilateral -qty: 3 <input type="checkbox"/> 5 <input type="checkbox"/>	Bilateral -qty: 6 <input type="checkbox"/> 10 <input type="checkbox"/>
Directions: Inject 1 SUPARTZ-FX syringe into the affected knee(s) once per week		

PRESCRIPTION AUTO-TRANSFER

If you would like to proceed by having the medication automatically scripted through the Specialty Pharmacy Channel, please check here. This alleviates you and your office from having to call in and give verbal authorization. Upon checking the box and submitting, the script will begin to be processed and dispensed to the physician's address on file.

PRESCRIBER'S SIGNATURE REQUIRED¹

MD / NP / PA Signature: _____

Summary of Indications:

DUROLANE is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacological therapy or simple analgesics, e.g. acetaminophen. Do not inject DUROLANE in patients with knee joint infections, skin diseases, or other infections in the area of the injection site. Do not administer to patients with known hypersensitivity or allergy to sodium hyaluronate preparations. Risks can include transient pain or swelling at the injection site.

DUROLANE has not been tested in pregnant or lactating women, or children. Full prescribing information can be found in product labeling, at www.DUROLANE.com, or by contacting Bioventus Customer Service at 1-800-836-4080.

GELSYN-3 is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen). Do not administer to patients with known hypersensitivity (allergy) to sodium hyaluronate preparations. Do not inject GELSYN-3 into the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

GELSYN-3 is not approved for pregnant or nursing women, or children. Risks can include general knee pain, warmth and redness or pain at the injection site. Full prescribing information can be found in product labeling, at www.GELSYN3.com or by contact customer service at 800-836-4080.

SUPARTZ FX is indicated for treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen). You should not use SUPARTZ FX if you have infections or skin diseases at the injection site or allergies to poultry products. SUPARTZ FX is not approved for pregnant or nursing women, or children. Risks can include general knee pain, warmth and redness or pain at the injection site. Full prescribing information can be found in product labeling, at www.SupartzFX.com or by contacting customer service at 800-396-4325.

¹Authorization for Release of Health Information: By signing this form, I represent to MyBV360 that I have obtained all necessary Federal and state authorizations and consents from my patient to allow me to release health information to MyBV360 and its contracted third parties. I authorize MyBV360 to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan. Signature on this form also provides consent to contact this patient's insurance provider for this prescription on the prescriber's behalf.