Symphony™ Proliferative Bioscaffold

Insurance Verification Request

AROA™

Aroa Biosurgery Inc.
Fax: 877-775-3157
Email: reimbursement@aroa.com

Case Manager: **Email:**

Phone: **Fax:**

Patient Information

Patient Name: DOB: SSN: M F

Address: City: Zip:

Phone Number:

Primary Insurance:

Subscriber ID:

Group Number:

Subscriber Name:

Subscriber DOB:

Pre-authorization Phone Number:

If pre-authorization is required would you like assistance: Yes No

Secondary Insurance:

Subscriber ID:

Group Number:

Subscriber Name:

Subscriber DOB:

Pre-authorization Phone Number:

If pre-authorization is required would you like assistance: Yes No

Provider/Facility Information

Physician Name:

NPI: Tax ID:

Facility Name:

NPI: Tax ID:

Place of service:

- Physician Office
- Ambulatory Surgical Center (ASC)
- Hospital Based Outpatient (HOPD)

Tx Start Date:

Frequency:

Of Applications:

ICD-10-CM codes:

Primary:

Secondary:

Tertiary:

AROA™ Sales Representative:

Authorization and Consent

*Signed Business Associates Agreement (BAA) on file with Aroa Biosurgery Inc. Yes No

By submitting this form, you certify that a valid authorization has been obtained from the patient that permits a release of the patient's protected health information and insurance information to Aroa Biosurgery Inc., its contractors and the patient's health insurance company as necessary to research insurance coverage (including benefit determination and/or prior approval authorizations) and payment information as it relates to the use of Aroa Biosurgery Inc. products. I acknowledge the disclaimer below and certify that the information provided on this form is current, complete, and accurate to the best of my knowledge.

Signature of qualified healthcare professional: _____ Date: / /

Disclaimer: Aroa Biosurgery Inc. reimbursement assistance is offered as an information support only. Please keep in mind that this information represents a summary of information provided by the insurer or third-party payer. Results of this research is provided "as is" and is not a guarantee of coverage or reimbursement now or in the future. Aroa Biosurgery Inc. disclaims liability for any damages or costs however caused by any reliance on its reimbursement assistance. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered, and for verifying coverage with the patient's insurance carrier.