

# MEDICAL CLAIM FORM

EntyvioCONNECT



Must submit with **Primary Insurance EOB** (Explanation of Benefits) via fax to 844-595-6272

<b>Date of Service</b>		<b>Co-pay Member ID</b>	
<b>Section 1: Patient Information</b> (* required information)			
First Name*		Last Name*	Middle Name
Address 1*			
Address 2			
City*		State*	ZIP*
Gender*	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	DOB*	Phone Number*
Best time to contact	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Relationship to insured*	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Dependent
<b>Section 2: Insured Information</b> (* required information only if different than Patient)			
First Name*		Last Name*	Middle Name
Address 1*			
Address 2			
City*		State*	ZIP*
Gender*	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	DOB*	Phone Number*
<b>Section 3: Billing Practice Information</b> (* required information. This section must be filled out completely to ensure proper check delivery)			
Practice Name*		Tax ID*	NPI*
Address 1*			
Address 2			
City*		State*	ZIP*
Phone*		Email*	Fax*
<b>Section 4: Treating Physician/Provider Information</b> (* required information)			
First Name*		Last Name*	Middle Name
Specialty		Title	NPI*
<b>Section 5: Payee</b> (select one)			
<input type="checkbox"/> Patient (Check will be made payable and mailed to the address in Section 1)			
<input type="checkbox"/> Billing Practice (Check will be made payable and mailed to the address in Section 3)			

**Please click to read the full Prescribing Information, including Medication Guide.**

ENTYVIO is a trademark of Millennium Pharmaceuticals Inc., registered with the U.S. Patent and Trademark Office and is used under license by Takeda Pharmaceuticals U.S.A.