

Respiratory Syncytial Virus Enrollment Form

Wellpoint District of Columbia, Inc. | Medicaid

If the following information is incomplete, incorrect, and/or illegible, the process may be delayed. Please use one form per enrollee. Allow Wellpoint DC at least 24 hours to review this request. Please phone 833-359-1386 (TTY 711) if you have any questions and fax referral to 844-487-9294.

Ship to: <input type="checkbox"/> Enrollee <input type="checkbox"/> Office <input type="checkbox"/> Other:	
Section 1 — enrollee and provider information	
1. Enrollee name (last, first and middle initial):	
2. Enrollee ID #:	3. Enrollee DOB:
4. Prescriber name:	5. Prescriber NPI:
6. Prescriber address (street, city, state, ZIP, and four-digit code):	
7. Prescriber telephone #:	
8. Billing provider name:	9. Billing provider NPI:
Section 2 — clinical information for all prior authorization requests	
10. Was Synagis® administered when the child was hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the date(s) of administration in the spaces provided. No more than five doses will be authorized (inclusive of any hospital-administered doses). <div> <div>1.</div> <div>2.</div> <div>3.</div> </div>	
11. Current weight of child (in kilograms):	12. Date child weighed:
13. Calculated dosage of Synagis (15 mg per kg of body weight):	
14. Case-specific diagnosis/ICD-10:	
Providers are required to complete one of Section 3a, 3b, 3c, 3d, 3e or 3f (depending on the child's medical condition) for a prior authorization request to be considered for approval.	
Section 3a — clinical information for chronic lung disease	
15. The child has chronic lung disease of prematurity: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If other, indicate the cause of the child's immunodeficiency:

Section 4 — authorized signature

24. Prescriber signature:

25. Date signed:

Section 5 — additional information

26. Indicate any additional information in the space provided. You may include additional diagnostic and clinical information explaining the need for the product requested.