



ATTACHMENT A
Blue Distinction® Centers for Transplant (BDCT)
TRANSPLANT SERVICES NOTIFICATION FORM

- Use the tab key to go from field to field
- Remember to print and sign this form

FEP Member: State of Residence _____
 Non FEP Member

Referring Blue Cross and Blue Shield Plan (or FEP Servicing Plan) _____

Patient Name _____ Patient ID# _____ Date of Birth ____/____/____

Group Name _____ ID Number _____

Subscriber Name _____ ID Number _____

Primary Insurance Carrier Name _____

Secondary Insurance Carrier Name _____

TRANSPLANT TYPE: (please check all that apply)

BONE MARROW/STEM CELL **Patient Diagnosis:** _____

Type: Autologous Allogeneic "Mini" Allogeneic Tandem: #1 Tandem: #2

Cell Source: Bone Marrow Peripheral Blood Stem Cell Cord Blood

Donor (If Allogeneic): Related Unrelated Matched Mismatched

SOLID ORGAN **Patient Diagnosis:** _____

Organ Type: _____

Transplant Type: Initial Transplant Re-transplant

Donor: Deceased/Cadaveric Living Donor

Transplant Hospital Name: _____

Transplant Hospital Address: _____

This patient meets the Medical Necessity guidelines of Wellmark Blue Cross and Blue Shield for the above noted transplant, for included Transplant Services offered through the BDCT to Participating Plans and the FEP BCBS Service Benefit Plan. All eligible Transplant Services and Global/Outlier Rates are listed in the BDCT Hospital Participation Agreement.

Contact: _____ at _____ for precertification and to verify continued eligibility for medical benefits prior to beginning BDCT Transplant Services.

Authorized Plan Representative Signature: _____

Title: _____ Expiration Date: ____/____/____

Printed Name: _____ Phone Number: (____) _____ Fax Number: (____) _____

Contact: _____ at _____ for Case Management Services _____

Hospital: Submit bundled, GLOBAL CLAIM (including the BDCT Attachment H - "Institutional Billing Summary Form", and a copy of this BDCT Attachment A - Transplant Notification Form and copy of the BDCT Attachment B - "Hospital Notification of Transplant Admission Form" to Fax (including any adjustments) to BDCT Transplant Alert Team at 515-376-9074 or mail to Transplant Team - Wellmark Blue Cross and Blue Shield of Iowa, Mail Station 5E296, PO Box 9232, Des Moines, IA 50306-9232.

(Please confirm this Plan claim contact information prior to submitting bundled global claim. Hospital is to collect any applicable coinsurance, deductibles, and co-payments.)

Plan: Provide any additional information or special instructions below (i.e., LTM, COB, deductibles, co-payments, COB for FEP, etc.):

For assistance with this Form: Contact Wellmark Blue Cross Blue Shield at 800-552-3993.
After Completion of this Form: Fax one copy to Wellmark Blue Cross Blue Shield at 515-376-9075.
Keep one copy for your records.



Wellmark Language Assistance

Discrimination is against the law

Wellmark Blue Cross and Blue Shield complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

You have the right to get this information and help in your language for free. If you need these services, call 800-524-9242.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ຕໍ່ຕິ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသ့ၣ်ညါ-န့ၣ်ကတၢၢ်ကေညါကျိၣ်.ကျိၣ်တၢ်မၤစၢတၢ်ဖဲတၢ်မၤတဖၣ်.လၢတဘၣ်လၢတဘၣ်လၢ.ဆိၣ်လၢန့ၣ်လိၤ.ဆဲးကျိးဆူ ၈၀၀-၅၂၄-၉၂၄.၉၂၄.၉၂၄.၉၂၄ (TTY: ၈၈၈-၇၈၁-၄၂၆)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶቻችን ከአፍጻኔ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም በ(TTY: 888-781-4262) ደውሎ ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólné' 800-524-9242 doodaii' (TTY: 888-781-4262)