HIIG | ACCIDENT & HEALTH

HOUSTON INTERNATIONAL INSURANCE GROUP
75 VALLEY STREAM PARKWAY, SUITE 250, MALVERN, PA 19355
484.328.8000 | 800.796.9165 (TOLL FREE) | FAX: 610.280.4299

TRANSPLANT SOLUTIONS FORM

Submitted By: _____ Phone Number: _____ Referral Date: _____

EMPLOYEE/ PATIENT INFORMATION:

Employee Name: _____ Social Security Number: _____

Patient Name: _____ Social Security Number: _____

Date of Birth: _____ Telephone Number: _____ Sex: ☐ Male ☐ Female

Patient Address: _____

Patient Effective Date: _____ ☐ Primary ☐ Secondary Other Coverage: ☐ Yes ☐ No

Medicare: ☐ A ☐ B ☐ No Cobra: ☐ Yes ☐ No Effective Date: _____

Policy Year (CPTD): $ _____ Claims Pended: $ _____

CASE MANAGEMENT INFORMATION:

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Facility Name: _____ In PPO Network: ☐ Yes ☐ No

PPO Network Name: _____

ICD 9/10 Code: _____ Diagnosis: _____

Transplant Type: _____ Evaluation Date: _____

Currently on Dialysis: ☐ Yes ☐ No Start Date: _____

BILLING/ CLAIMS INFORMATION:

Claims Contact: _____ Phone: _____

Email: _____ Fax: _____