

AEM TO BE IMAGED

Fax

To: MEDS

Client Name:

Fax: 1-866-841-2267

Client Phone Number:

Phone: 1-800-562-3022

Healthplanfinder Application ID:

Re: AEM Application

ACES Client ID (if known):

Number of pages (including fax cover sheet):

Applying for Coverage:

- Hospital Emergency Room Hospital
- Inpatient Treatment Hospital
- Outpatient Surgery
- Cancer Treatment / Dialysis / Anti-Rejection Medications

Date(s) of Service: _____

Documents Included (check all that apply):

- UB04
- History & Physical
- Discharge Summary
- Cancer Treatment Plan / Pathology Report
- Dialysis Flow Charts / Current Treatment Plan
- Anti-Rejection Medication Treatment Plan

Comments:
