

AEM TO BE IMAGED

Fax

To: MEDS	From:
Fax: 1-866-841-2267	Hospital/Facility:
Phone: 1-800-562-3022	Phone:
Re: AEM Application	Fax:
Number of pages(including fax cover sheet):	

Client Information:

Name:	
Washington Healthplanfinder ID:	ACES ID:
Date(s) of Service:	

Applying for Coverage:

- | | |
|--|---|
| <input type="checkbox"/> Hospital Emergency Room | <input type="checkbox"/> Cancer Treatment |
| <input type="checkbox"/> Hospital Inpatient Treatment | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Outpatient Surgery | <input type="checkbox"/> Anti-rejection Medications |
| <input type="checkbox"/> COVID-19 Outpatient Treatment / Testing | |

Documents Included (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> UB04 | <input type="checkbox"/> Cancer Treatment Plan/ Pathology Report |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Dialysis Flow Charts/ Current Treatment Plan |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Anti-rejection Medication Treatment Plan |

Comments:

Apply online at wahealthplanfinder.org or submit a paper application (HCA 18-001P) by:
Fax: 1-855-867-4467 or Email Apple@hca.wa.gov