

# GUIDEPOINT

Reimbursement Resources

## Provider Intake Form – AMS Men's Health

Complete and return via fax 1-855-861-0044

Email to: [BSC.MensHealthIntake@bsci.com](mailto:BSC.MensHealthIntake@bsci.com)

Questions: 1-855-284-1676

### Physician Information

Physician:		Practice Name:		
Address:				
City:	State:	Zip:	Phone:	Fax:
Contact(s):			Email:	
TIN:	Billing NPI:	Doctor NPI:	BCBS:	
Medicaid:	UPIN:	ACS-DOL Prov #:	Other:	

Please Provide Facility Information Below

### Facility Information

<input type="checkbox"/> 23 Hour Observation	<input type="checkbox"/> Inpatient Hospital	<input type="checkbox"/> Outpatient Hospital	<input type="checkbox"/> ASC
Facility:			
Address:			
City:	State:	Zip:	Fax:
Contact(s):		Email:	
TIN:	Billing NPI:	BCBS:	Other:

### Additional Facility Information (if applicable)

<input type="checkbox"/> 23 Hour Observation	<input type="checkbox"/> Inpatient Hospital	<input type="checkbox"/> Outpatient Hospital	<input type="checkbox"/> ASC
Facility:			
Address:			
City:	State:	Zip:	Fax:
Contact(s):		Email:	
TIN:	Billing NPI:	BCBS:	Other:

☐ **IMPORTANT:** If you would like an On-Board Call, to receive an overview of benefits verification and pre-authorization services, please check the box and a BSC Program Specialist will contact you. Thank you!

☐ **IMPORTANT:** If you would like pre-authorization or pre-determination to be processed as a standard on all cases, please check the box.

### Comments

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### Boston Scientific Internal Use Only – Men's Health Sales Representative Information:

Sales Rep Name:	Phone:	CS Name:	Phone:	Territory:
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