



Provider Intake Form – AMS Men's Health

Complete and return via fax 1-855-861-0044 Email to: 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				
☐ 23 Hour Observation	☐ Inpatient Hospital		☐ Outpatient Hospital	■ASC
Facility:				
Address:				
City:	State:		Zip:	Fax:
Contact(s):			Email:	
TIN:	Billing NPI:		BCBS:	Other:
Additional Facility Information (if applicable)				
■ 23 Hour Observation	☐ Inpatient Hospital		☐ Outpatient Hospital	■ASC
Facility:				
Address:				
City:	State:	Zip:	Phone:	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				

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

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

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