STABILITYBIOLOGICS®

Sales Rep Contact Information:
Name: _____
Email: _____
Phone: _____

Insurance Verification Request (IVR) Form
Fax Completed Form to: 855-925-6544
Email: reimbursement@stabilitybio.com

Facility Return Contact Information:
Name: _____
Email: _____
Phone: _____

****IMPORTANT - To ensure timely processing, please include all available data and be sure to complete any mandatory fields** (mandatory fields are highlighted)

Request Type (Check One): ☐ New Request ☐ Re-verification ☐ Additional Applications ☐ New Insurance ☐ Benefits Only

Facility Information

Facility Address:		**Tax ID:**
Physician Name:	**Practice Name:**	Office Contact Email:
Physician NPI:	**Practice NPI:**	Office Contact Fax:

Patient Information

Patient Name:	Cardholder Name/Relationship:	**Patient DOB:**
Primary Insurance:		**Member ID:**
Secondary Insurance:		**Member ID:**

Place of Service (Check One): ☐ **(11)** Office ☐ **(12)** Home ☐ **(13)** Assisted Living ☐ **(22)** HOPD ☐ **(32)** Nursing Facility

Is the patient currently residing in a Nursing Home OR Skilled Nursing Facility: ☐ **Yes or** ☐ **No**	If yes, has it been over 100 days? ☐ **Yes or** ☐ **No**

Is this patient currently under a post-op period? ☐ **Yes or** ☐ **No**

Procedure Information

Procedure Date:	Wound Size: L_____ W_____ D_____ Total_____
Wound Location:	Size of Graft Requested:

Graft Requested: ☐ AmnioCore (Q4227) ☐ Amnio Tri-Core (Q4295) ☐ Amnio Quad-Core (Q4294) ☐ AmnioCore Pro (Q4298) ☐ AmnioCore Pro+ (Q4299)

ICD-110	CPT	HCPCS (when applicable)

Availability of Stability Reimbursement Hotline: Limited Warranty

Stability offers customers and potential customers access to a hotline where Stability will assist with completing insurance verifications for the coverage of AmnioCore, AmnioCore SL, Amnio Tri-Core, Amnio Quad-Core, AmnioCore Pro and AmnioCore Pro+ for any particular patient. This hotline is to help customers and prospective customers determine whether a Stability product may be right for a particular patient by helping to determine whether the patient will have applicable insurance coverage. The purchase of Stability products is in no way contingent on the use of the reimbursement hotline. However, Stability stands by the accuracy of the initial our insurance verification process offered through the reimbursement hotline, such that Stability offers a limited warranty to customers who use and rely on the service in connection with product purchases. The limited warranty does not cover subsequent audits nor claw backs in the event claims are subsequently denied. Medical necessity will be determined at the sole discretion of the provider, and medical necessity is not covered by the limited warranty. The use of the above-mentioned products is only for use in outpatient wound care settings and all other settings are not covered by the warranty. Furthermore, be advised that claims with higher billed charges that result in split claims may result in denials. The decision to submit split claims is at the discretion of the provider. Denials or recoupments may occur for which the provider is liable as the limited warranty do not cover these denials / recoupments. The information provided by Stability Biologics as part of the insurance verification process is not a guarantee of coverage or payment. Subject to the terms and conditions of the Reimbursement Hotline Warranty, Stability will provide a statement credit to customers for the value of the purchase price of the product that a third-party payor denied reimbursement for when the Stability reimbursement hotline had previously verified the insurance benefit for the specific patient and all other eligibility criteria for the Reimbursement Hotline Warranty program have been satisfied. The full terms and conditions of the Reimbursement Hotline Warranty can be found at: https://www.stabilitybio.com/reimbursement-hotline-limited-warranty

Healthcare Provider Signature:

By signing below, I certify that I have read and understand the availability of the Stability Reimbursement Hotline Limited Warranty. I certify that I have obtained a valid authorization from the patient listed on this form permitting me to release the patient's protected health information (PHI) to the Stability Biologics Reimbursement Hotline Services, Stability Biologics, LLC, its contractors, and the patient's health insurance company as necessary to research insurance coverage and payment information to determine benefits related to AmnioCore products on behalf of the patient. I further understand that completing this form does not guarantee that insurance coverage or reimbursement will be provided to the patient. I certify that the information provided on this form is current, complete, and accurate to the best of my knowledge.

For typed signatures below: I agree that this typed signature has the same validity and meaning as my handwritten signature.

HCP Signature: _____ **Date:**_____

Disclaimer: The Stability Biologics Reimbursement Hotline is an information service only. Benefits information is provided by the insurer or third-party payer. Results of this research are not a guarantee of coverage or reimbursement now or in the future, and Stability Biologics disclaims liability for payment of any claims, benefits or costs.

The Stability Biologics® AmnioCore, Amnio Tri-Core, Amnio Quad-Core, AmnioCore Pro and AmnioCore Pro+ product lines are regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/Ps). AmnioCore, Amnio Tri-Core, Amnio Quad-Core, AmnioCore Pro and AmnioCore Pro+ are processed by and donor eligibility determined by Stability Biologics®. Stability Biologics® is registered with the FDA for tissue processing and accredited by the American Association of Tissue Banks (AATB).

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Questions? Contact the Stability Biologics Reimbursement Hotline at:
Email: reimbursement@stabilitybio.com
Phone: (855) 925-6154
Fax: (855) 925-6544

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1077 Central Parkway South Suite 500 San Antonio, TX 78232