KANSAS CITY BONE & JOINT CLINIC

<u>Division of Signature Medical Group of KC</u>

<u>Overland Park:</u> Corporate Medical Plaza, Building #1 10701 Nall Ave., Suite 200, Overland Park, KS 66211 Lee's Summit: 3151 NE Carnegie Dr., Suite B, Lee's Summit, MO 64064 Phone: 913-381-5225 Fax: 913-901-0186 www.KCBJ.com

Specialty Pharmacy Records Precertification/ Preauthorization Assistance Authorization/ Reimbursement Form

Patient Name:		
Date of Birth:		
Home Phone:		
Cell/ Work:		-
Address:		_
City/ State/ Zip:		-
I authorize my records to assistance for the purpo applying for financial ass	be released to the Specialty Pharmacy Insurance bese of verifying my insurance benefits, assisting with paistance for:	elow and for Precertification orior authorization, and/or
□ Botox Reimbursement □ Ipsen Cares (Dysport) □ Forteo □ Amgen (Prolia & Ever □ Synvisc/ SynviscOne □ Euflexxa □ Monovisc/ Orthovisc □ Durolane □ Ipsen Cares (Dysport) □ Tymlos □ Xiaflex □ Xeomin □ Zilretta □ Other	ity)	
I have read the informati understand.	on on this release and hereby acknowledge that I an	n familiar with and
Signature:	Date:	