

After My QUTENZA Connect (MQC) receives the Benefits Investigation Request and Prescription Form, the team will provide your practice with the patient's QUTENZA Benefits Investigation Results.

Patient Information

Included in this section are the patient's name, DOB, and ID as well as the BI Case Number. The BI Case Number is assigned by MQC and is specific to the benefits investigation outlined on the form. A new BI Case Number is generated each time a benefits investigation is performed on behalf of your patient.

Benefits at a Glance

Provides a summary of key components of your patient's insurance coverage and indicates whether your patient may be eligible for the QUTENZA Cost Savings Program.

Healthcare Professional Information

Overview of the provider's information.


Primary Medical Benefits

Shows your patient's primary medical plan details.

Shows the plan's prior authorization and referral requirements as well as the provider's in-network status.

Lists information on your patient's medical coverage. It also outlines the patient's copay, deductible, and out-of-pocket (OOP) responsibility.

The Additional instructions field includes a narrative of key points and any pertinent details related to the research of your patient's coverage.



QUTENZA BENEFITS INVESTIGATION RESULTS

Phone: 855-802-8746
 Fax: 855-454-8746
MyQUTENZAConnect.com
 Hours: (M-F) 9 AM-7 PM ET

PATIENT INFORMATION			
Patient Name	Date of Birth	Patient ID	BI Case Number
Indication	ICD-10-CM Code	CPT Code	POS

BENEFITS AT A GLANCE	Primary			Secondary		
	Covered	Coverage %	PA Required	Covered	Coverage %	PA Required
QUTENZA/Medical						
Administration						
QUTENZA/Pharmacy						

QUTENZA Cost Savings Eligible? Yes No

HEALTHCARE PROFESSIONAL INFORMATION					
Provider Name	Provider NPI	Provider Tax ID	Provider Email		
Address	City	State	Zip	Provider Phone	

PRIMARY MEDICAL BENEFITS							
Insurance Company	Member ID	Group Number		Effective Date			
Plan Type	Payer Contact	Payer Phone		Payer Portal			
Prior Auth Needed for J7336 <input type="radio"/> Yes <input type="radio"/> No		Prior Auth Needed For Administration <input type="radio"/> Yes <input type="radio"/> No		PCP Referral Required <input type="radio"/> Yes <input type="radio"/> No		Provider in Network <input type="radio"/> Is in Network <input type="radio"/> Is Not in Network	
J7336 Coverage %	J7336 Copay \$	Deductible \$	OOP Max \$				
Admin Coverage %	Admin Copay \$	Deductible Met \$	OOP Met \$				
Office Coverage %	Office Copay \$	Deductible Remaining \$	OOP Remaining \$				
Additional instructions:							

BI Completion Date: _____

Secondary or Supplemental Medical Benefits

This section includes the same information as the Primary Medical Benefits section and will be completed if your patient has applicable secondary or supplemental medical benefits.

Pharmacy Benefits

Outlines your patient's pharmacy plan details, including the pharmacy benefit manager.

Lists the plan's prior authorization requirements and your patient's medication OOP responsibilities.

The Additional instructions field includes a narrative of key points and any pertinent details related to the research of your patient's coverage.

Mandated or In-Network Pharmacies

Identifies pharmacies mandated or preferred by the patient's insurance plan details related to the research of your patient's coverage.



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SECONDARY OR SUPPLEMENTAL MEDICAL BENEFITS			
Insurance Company	Member ID	Group Number	Effective Date
Plan Type	Payer Contact	Payer Phone	Payer Portal
Prior Auth Needed for J7336 <input type="radio"/> Yes <input type="radio"/> No	Prior Auth Needed For Administration <input type="radio"/> Yes <input type="radio"/> No	PCP Referral Required <input type="radio"/> Yes <input type="radio"/> No	Provider in Network <input type="radio"/> Is in Network <input type="radio"/> Is Not in Network
J7336 Coverage %	J7336 Copay \$	Deductible \$	OOP Max \$
Admin Coverage %	Admin Copay \$	Deductible Met \$	OOP Met \$
Office Coverage %	Office Copay \$	Deductible Remaining \$	OOP Remaining \$
Additional instructions:			

PHARMACY BENEFITS		
Insurance Company	Member ID	
Group Number	Plan Type	Pharmacy Benefit Manager
Payer Contact	Payer Phone	Payer Portal
Prior Authorization Needed For National Drug Code <input type="radio"/> Yes <input type="radio"/> No	Prior Authorization Needed For Administration <input type="radio"/> Yes <input type="radio"/> No	Medication Copay
Additional instructions:		

MANDATED OR IN-NETWORK PHARMACIES			
Enter additional pharmacy information if office decides to go with a local SP			
Pharmacy Name	Transfer Date	Pharmacy Phone	Pharmacy Fax
MANDATED OR IN-NETWORK PHARMACIES			
Pharmacy Name	Transfer Date	Pharmacy Phone	Pharmacy Fax

BI Completion Date: _____