Cryopreservation Storage Attestation Form

Harvard Pilgrim Health Care
a Point32Health company

Complete this attestation form if the storage of cryopreserved embryos, eggs, sperm, ovarian tissue, and testicular tissue for your Maine Commercial member extends beyond two years. To ensure claims payment for continued storage, this attestation form must be submitted prior to submitting claims for each year of storage beyond year two to the Precertification Department at **800-232-0816**.

Date of initial cryopreservation:
Original prior authorization number for storage:
CPT: ICD-9:

Servicing Provider

Provider name:
NPI:
Address:
City: State: Zip:
Phone:

Facility

Facility name:
NPI:
Address:
City: State: Zip:
Phone:

Member information

Name:
Member ID#: Date of birth:

By signing below, I acknowledge that:

- I have reviewed the member's benefit and have verified coverage for up to five years of storage from the date of the cryopreservation.
- The member has reproductive materials that need continued cryopreservation beyond two years.
- I have attached supporting evidence that the member has reproductive materials in storage and documentation of the date of the cryopreservation.

Name (*print*):
Signature:
Date:

CLEAR FORM