Infertility Treatment Summary Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Submit the **completed** form and required documentation for review. We encourage you to complete and submit your request using our secure portals. For details on this and other options, please refer to our How to request prior authorization webpage.

Member name: Date of birth: / / Member ID#

Key for Procedure Type: **1:** IVF/Fresh Cycle, **2:** IVF/FET, **3:** IVF/with ICSI, **4:** IVF/with donor sperm, **5:** FSH/IUI, **6:** CC/IUI, **7:** IUI with donor sperm, **8:** Donor Egg Cycle

For Embryo Quality: include # cells and fragmentation

Date	Proce-dure	Cycle #	IVF Center	Stimulation # of Amps	Peak E2	# Eggs Retrieved	# Eggs Fertilized	Embryo Quality	# Embryos Transferred	# Embryos Cryo	Beta HCG

CLEAR FORM