

Herceptin Pathology Report Fax Sheet

DATE:

TO: Medica

FAX NUMBER: **(915) 231-1970**

This dedicated fax number is only for submitting Herceptin pathology reports related to treatment of Medica members

NUMBER OF PAGES (including cover sheet):

FROM (name and phone number):

For each Herceptin pathology report fax submission, please complete the following:

Subscriber Name:

Patient Name:

Patient ID Number:

Patient Date of Birth (DOB):

Physician Name:

Tax ID Number (TIN):

For the Medica policy on Herceptin, visit www.medica.com and select "Providers," then "Clinical & Quality Resources" and "Medical Policies," under "Coverage Policies." If you have questions about this process, please call the Medica Provider Service Center toll-free at 1 (800) 458-5512.

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