

# HSA PREVENTIVE LIST

# DIAGNOSIS ATTESTATION

**ONLY the prescriber may complete this form.**

Medications are considered preventive care when they are taken by a person who has developed risk factors for a disease that has not yet become clinically apparent, or to prevent the re-occurrence of a disease from which a person has recovered. Members with the HSA Preventive List benefit require an appropriate diagnosis with medical claims or attestation of an appropriate medical diagnosis.

Patient Information			Today's Date	
Patient First Name:	Patient Last Name:	MI.	DOB (mm/dd/yyyy):	
Patient Street Address:	City:	State:	Zip:	Patient Phone:
Insurance Information				
Member ID Number:	Group Number:			

Prescriber/Clinic Information			
Prescriber First Name:	Prescriber Last Name:	NPI:	Specialty:
Clinic Name:	Contact Name:	Phone:	Secure Fax:

Medical information. Please attach additional information as needed.	
Patient Diagnosis with ICD-9 Code:	ICD-10 Code:
Medication and Strength Requested:	
Dosing Schedule:	Quantity per Month:

<b>Physician's Signature:</b>
<b>Date Signed</b> _____

<b>Please fax or mail fax the signed and completed form to:</b> Attn: Pharmacy Department 450 Riverchase Parkway East Birmingham Alabama 35244-2858
<b>TOLL FREE – Fax: 205-220-9562</b>