YOUR INTELLIGENT HEALTH COMPANY.

UBACARE

Bleeding Disorder Enrollment Form

Fax: 888-688-3593 Phone: 866-436-4376

Treatment Setting

Home by: ☐ Patient/caregiver ☐ Option Care nurse ☐ Other: _____

☐ MD office ☐ Option Care treatment site ☐ Other: _____

Referral date: _____

Need by date/time: _____

Patient Information

Please type or print clearly.

(OR fax demographic sheet)

Name:

DOB: | Gender: | Language:

Address:

City: | State: | ZIP:

Home phone w/area code: | Alternate phone w/area code:

Caregiver name(s): | Caregiver relationship:

Emergency contact name: | Phone:

Medical Insurance Information

Please attach a copy of card if possible.

(OR fax front and back of medical and prescription cards)

Primary insurance: | Cardholder name/DOB: | Cardholder employer:

ID#: | Group#: | Phone:

Secondary insurance: | Cardholder name/DOB: | Cardholder employer:

ID#: | Group#: | Phone:

Prescription card: | Phone:

ID#: | Group#: | BIN#: | PCN#:

Prescriber Information

(Unless on faxed Rx)

Name:

Address: | City: | State: | ZIP:

Phone w/area code: | Fax w/area code:

NPI: | LIC: | Supervising name if CPNP or PA:

Medical History

☐ D66 - Hereditary Factor VIII Deficiency

☐ D67 - Hereditary Factor IX Deficiency

☐ D68.1 - Hereditary Factor XI Deficiency

☐ D68.2 - Hereditary Deficiency of other Clotting Factors

☐ D68.0 - von Willebrand's Disease

☐ D68.311 - Acquired Hemophilia

☐ D68.8 - Other specified Coagulation Defects

☐ Other (ICD-10 Code and Description): _____

☐ D68.9 - Coagulation Defect, unspecified

Baseline factor percent: _____ **Target joint(s)** ☐ No ☐ Yes _____ **Inhibitor**: ☐ No ☐ History ☐ Current _____BU/mL

Inhibitor protocol: _____

DNR/Advance directive status: ☐ Received ☐ N/A ☐ Hep B ☐ Hep C ☐ HIV ☐ TB positive Date chest x-ray: _____

Drug allergies: _____ **Other conditions/other meds:** _____

Vascular access: ☐ Peripheral ☐ Port ☐ Other: _____ **Weight:** _____ ☐ kg ☐ lbs **Height:** _____ ☐ cm ☐ in

Prescriptions

(OR fax separately)

*Target Dose (total units/dose) plus or minus 10% unless otherwise specified

Factor VIII recombinant: ☐ Advate ☐ Helixate FS ☐ Kogenate FS ☐ Recombinate ☐ Xyntha ☐ Novoeight ☐ Adynovate ☐ Eloctate

Plasma derived: ☐ Hemofil M ☐ Monoclate-P ☐ Other: _____

Target Dose and directions: _____ Dispense qty: _____ Refills: _____

Factor VIII and von Willebrand plasma derived: ☐ Alphanate ☐ Humate-P ☐ Koate-DVI ☐ Wilate ☐ Other: _____

Target Dose and directions ☐ VWF ☐ Factor VIII: _____ Dispense qty: _____ Refills: _____

Factor IX recombinant: ☐ BeneFix ☐ Rixubis ☐XINITY ☐ Alprolix ☐ Other:_____

Plasma derived: ☐ AlphaNine SD ☐ Mononine ☐ Other: _____

Target Dose and directions: _____ Dispense qty: _____ Refills: _____

Factor X: ☐ Coagadex ☐ Other: _____

Target Dose and directions:_____ Dispense qty;_____ Refills: _____

Factor XIII: ☐ Corifact ☐ Other: _____

Activated Prothrombin Complex Concentrates plasma derived: ☐ Feiba VH ☐ Other: _____

Target Dose and directions: _____ Dispense qty: _____ Refills: _____

Prothrombin Complex Concentrates plasma derived: ☐ Bebulin VH ☐ Profilnine SD ☐ Other: _____

Target Dose and directions: _____ Dispense qty: _____ Refills: _____

Stimate 1 spray in ☐ one nostril ☐ each nostril _____ Dispense qty: _____ Refills: _____

Amicar ☐ syrup ☐ 500/1000 mg tab Dose and directions: _____ Dispense qty: _____ Refills: _____

Other (Continuous infusion, vancomycin, tranexamic acid, rituximab, EpiPen,etc) _____

Line care: ☐ Sodium chloride 0.9% 5 - 10 ml ☐ 3 - 5 ml Heparin (☐ 10 units/ml ☐ 100 units/ml) ☐ Other: _____

☐ Apply 30 - 60 minutes prior to access (☐ Emla 30 gram ☐ LMX 30 gram) ☐ Other: _____

Nursing orders: ☐ Skilled nurse to infuse/teach mixing, infusion, self-monitoring, other aspects of care: _____

Lab orders: _____

Supplies: ☐ All infusion and prevention supplies as needed and/or _____

Prescriber Certification

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.

Prescriber's signature required: _____ Date: _____

 V1.0-1 Sept 2020