

Reimbursement & Benefit Support Physician Enrollment Form

If you would like to complete this form electronically, please request a link by calling **(855) 230-7611**
Fax the completed form to **(612) 520-2366** or email to US_MarketAccess@Coloplast.com

Upon request, please work with us to call our patients to explain insurance benefits/costs.

Upon request, please work with us to help prepare and submit requests for coverage determinations, prior authorizations, pre-certifications and appeals of denied claims relating to Coloplast's products

Provider Information

Physician Name

Facility Name

Facility Address

City State Zip

Phone Number Fax Number

Facility Contact Name Facility Contact Email

Facility Contact Direct Dial or Extension

Additional Facility Contacts Email/Phone

Provider Numbers

NPI PTAN UPIN

Tax ID Payer Specific Provider Number(s)

Preferred Surgery Location

Hospital Outpatient Ambulatory Surgery Center

Facility Name

Facility Address

City State Zip

Tax ID NPI

Additional Surgery Location

Hospital Outpatient Ambulatory Surgery Center

Facility Name

Facility Address

City State Zip

Tax ID NPI

By checking this box, you acknowledge that you agree to be contacted and accept Coloplast's Terms and Conditions and Privacy Policy.

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