

Assisted Reproductive Technology Treatment Extension Form

This form is used to determine medical necessity only. Prior to requesting an extension, please call the Provider Services number on the back of the member's ID card to determine eligibility and benefits. All items must be completed on this form to facilitate prompt review of your request. If not applicable, enter N/A. Fax completed form to 410-505-6884.

1. Patient's Name:	2. Spouse's Name:
3. Membership Number:	4. Authorization Number:
6. Services approved under authorization number listed in question #4: <input type="checkbox"/> Artificial Insemination (AI)/Intra-uterine Insemination (IUI) <input type="checkbox"/> In-vitro Fertilization (IVF)/Zygote Intrafallopian Transfer (ZIFT)/Gamete Intrafallopian Transfer (GIFT)	5. Patient's Date of Birth: 7. Number of cycles approved under authorization number listed in question #4:
8. Other services approved under authorization number listed in question #4. Please explain:	9. Number of cycles completed under authorization number listed in question #4:

Circle the reason for the requested extension

A. More time is needed to complete services already approved

B. All services have been used. Requesting more AI/IUI or IVF/ZIFT/GIFT

C. Request to add the following services for authorization: Intra Cytoplasmic Sperm Injection (ICSI) and Assisted Hatching

D. Other (please explain clearly)

For internal use only

Authorization Number:	Services Approved:	Number of Cycles:	Authorization Time Frame:

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