



<i>Blood Center Use only</i>	
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Therapeutic Phlebotomy Department
 1021 112th Ave NE Bellevue, WA 98004
 (800) 266-4033 or (425) 453-5098 Fax (425) 462-4316
 Email: therapeuticphlebotomy@psbc.org

**Therapeutic Phlebotomy Order Form -
 Polycythemia Vera**

All the following must be submitted before the patient may be scheduled

- Therapeutic Phlebotomy Order Form**
 An ICD9 code must be on the order corresponding to a condition for which Therapeutic Phlebotomy is deemed by PSBC to be medically necessary treatment (see attached list)
Orders with ICD9 codes not pre-approved by PSBC as associated with medical necessity, must be accompanied by a
 written rationale for treatment by Therapeutic Phlebotomy. The patient will not be scheduled until PSBC Medical Staff has reviewed and concurs with medical necessity.
- Billing Form**
- Consent Form for Therapeutic Phlebotomy**
- Copy of Insurance Card – front and back**
- Advanced Beneficiary Notice of Noncoverage (ABN)– (must be completed for Medicare patients where the reason for phlebotomy is not covered by insurance) please visit <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html> for questions or information on when and how to complete the ABN Form No. OMB 0938-0566**
- Lifetime Authorization, Assignment of Benefits and Release of Information Form**
- Privacy Practices Acknowledgement (please review the enclosed Notice of Privacy Practices with the patient)**
- Supporting laboratory test results (including CBC, JAK2/MPL, or pathology reports), other pertinent patient records. A written rationale of medical necessity must be submitted when any non-standard treatment protocols are requested.**

Please submit the completed Therapeutic Packets to the Therapeutic Phlebotomy Department by:

Fax: 425-462-4316
Mail: Puget Sound Blood Center
 1021 112th Ave NE
 Bellevue, WA 98004

