

Authorization Request for
University Health Services
150 Infirmiry Way
Amherst, MA 01003

Date of Immunization: _____ Student ID#: _____

Primary Care Provider: _____

Patient Name: _____

D.O.B.: _____

Insurance: _____ ID#: _____

An insurance authorization is needed for your patient to receive the Meningitis B vaccination which is Bexero Meningitis B vaccine (CPT code to be billed is 90620, Diagnosis code Z20.811 contact with and (suspected) exposure to meningococcus) due to outbreak status declared by state health and federal health authorities.

The billing provider for this service is:

- George Corey, M.D., NPI # 1194784447

For Harvard Pilgrim, the billing provider for this service is:

- Lisa Lazarz-Ciesla, M.D., NPI # 1003966268

Authorization #

Effective Date From: _____ to 05/12/2018

Number of Visits: 2

Please fax to 413-577-5100