



Transplant Notification Form

FYI: Review our provider manual criteria references at www.ucare.org. Submit documentation to support medical necessity along with this request.



Fax form and any relevant clinical documentation to: 612-884-2499 or 1-866-610-7215



For questions, call: 612-676-3300 or 1-888-531-1493



Submit Request: [UCare's Secure Email Site](#)

E-mail: HCM_Fax@ucare.org

MEMBER INFORMATION	Member Name _____ Member ID _____ Member Address _____ PMI _____ Member City, State, Zip _____ Date of Birth _____ Member Phone _____
FACILITY INFORMATION	Facility Name _____ Facility NPI _____ Facility Address _____ Facility City, State, Zip _____ Facility Contact Phone _____ Fax _____ Facility Email Address _____
TRANSPLANT INFORMATION	Date of Transplant _____ Type of Transplant _____ Diagnosis _____

For a Medicare-approved transplant at a UCare contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.

For a non-Medicare approved transplant and/or at a non-UCare contracted facility: Notify UCare prior to referral to a provider or center.