



Quick Guide to the Verification of Benefits Form—Medical Benefits

After J&J withMe receives the benefits investigation request, we will verify insurance benefits and provide your office with a Verification of Benefits (VOB) for your patient.

Header

Patient name, DOB, and Case ID appear on the top of every page of the VOB to enhance trackability. The Case ID is generated by J&J withMe and is specific to the benefits investigation outlined on the VOB. A new Case ID is created each time a benefits investigation is performed on behalf of your patient.

Case Information

Overview of the prescriber and patient clinical information. Shows the Patient ID generated by J&J withMe, which serves as the single patient identifier across all Case IDs for a specific patient.

Primary Medical Insurance:

Outlines your patient's primary medical insurance. Shows the outcome of the benefits investigation and indicates the patient's status as active or not active.

Treatment Location Information

If the treatment location differs from the prescribing physician's site, it is highlighted here.

Coverage Summary*

The Coverage Summary table shows the availability of medical buy & bill coverage and medical assignment of benefits coverage for your patient. It also details prior authorization requirements, including whether a previous effective prior authorization is on file. If applicable, it also indicates whether predetermination is available, recommended, or required.

Plan Terms*

Outlines the annual Individual (and Family, if applicable) Deductible and Out-of-Pocket (OOP) patient responsibility and the amount met to date.

Co-pay/Co-insurance*

Lists information on your patient's Co-pay/Co-insurance responsibility. The Additional Instructions field highlights the patient's coverage and contains any pertinent details that may be needed.

Payer Preferred Pharmacies

Lists payer preferred pharmacies and their telephone numbers, if available.

Plan Details

Shows your patient's plan details, including the payer-generated Payer Reference ID from the benefits investigation call, if provided. You may be asked for this ID when speaking directly with the payer regarding the patient's insurance coverage.

*The Verification of Benefits contains information that J&J withMe is able to obtain from the payer. If any information is missing or removed, it is because J&J withMe was unable to collect that specific detail or because the field was not applicable.



Case ID: _____ Patient DOB: _____
Patient Name: _____ Page _____

Case Information		
Patient ID:	Date Benefits Verified:	
Product Name:	Dosage Form & Strength:	No.:
Primary Diagnosis:	Secondary Diagnosis:	
Prescriber Name:	Prescriber Practice Name:	
Site Contact Name:	Provider Network Status:	

Primary Medical Insurance:						
Outcome:	Status:					
Treatment Location Information						
Practice Name:	Site Type:					
Coverage Summary						
Product J-Code:	Availability of Medical Buy & Bill Coverage:					
	Availability of Medical Assignment of Benefits Coverage:					
Prior Authorization Required:	Prior Authorization Process:					
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:			
PreDetermination/PreCertification:	PreDetermination/PreCertification Process:					
Step Edit:	Step Edit Process:					
Plan Terms						
Deductible (Individual) Total:	Met:	OOP (Individual) Total:	Met:			
Deductible (Family) Total:	Met:	OOP (Family) Total:	Met:			
Co-pay/Co-insurance						
In-Network	Product:	Office Visit:	Administration:			
Out-of-Network	Product:	Office Visit:	Administration:			
Additional Instructions:						
Administration Overview						
Admin Code						
Admin Code						
Admin Code						
Payer Provided Reimbursement Code Notes:						
Payer Preferred Pharmacies*						
*The preferred specialty pharmacies indicated are contracted with the patient's plan and choosing a specialty pharmacy outside this network may result in higher co-pays for the patient.						
Pharmacy Notes:						
Plan Details						
Payer Name:	Plan Name:					
Plan Type:	Government Plan:					
Member ID:	Policy Number:					
Group Number:	Policy End Date:					
Policy Effective Date:	Policy Renewal Date:					
Payer Reference ID:	Payer Phone:					
Self-Funded Plan:	Treatment Provider Network Status:					

Secondary Medical Insurance:			
Outcome:		Status:	
Treatment Location Information			
Practice Name:		Site Type:	
Coverage Summary			
Product J-Code:		Availability of Medical Buy & Bill Coverage:	
		Availability of Medical Assignment of Benefits Coverage:	
Prior Authorization Required:		Prior Authorization Process:	
Prior Auth On File	Prior Auth ID:	Prior Auth Effective Date:	Prior Auth Expiration Date:
PreDetermination/PreCertification:		PreDetermination/PreCertification Process:	
Step Edit:		Step Edit Process:	
Plan Terms			
Deductible (Individual) Total:		Met:	OOP (Individual) Total:
			Met:
Deductible (Family) Total:		Met:	OOP (Family) Total:
			Met:
Co-pay/Co-insurance			
In-Network	Product:	Office Visit:	Administration:
Out-of-Network	Product:	Office Visit:	Administration:
Additional Instructions:			
Administration Overview			
Admin Code			
Admin Code			
Payer Provided Reimbursement Code Notes:			
Payer Mandated Pharmacies*			
*The payer has indicated that the specialty pharmacy listed is the mandated specialty pharmacy. Choosing a specialty pharmacy outside this specialty pharmacy may result in no claim payment.			
Pharmacy Notes:			
Plan Details			
Payer Name:		Plan Name	
Plan Type:		Government Plan:	
Member ID:		Policy Number:	
Group Number:		Policy End Date:	
Policy Effective Date:		Policy Renewal Date:	
Payer Reference ID:		Payer Phone:	
Self-Funded Plan:		Treatment Provider Network Status:	
Coordination of Medical Benefits			
Selected Medical Insurance:		Coordinated Medical Insurance:	
Medical Insurance Coordination Notes			
Coverage Overview			
Insurance	Coverage Available	Prior Authorization Requirement	PreDetermination/PreCertification Requirement
Primary Medical:	Buy & Bill Available: AOB Coverage Available:		
Secondary Medical:	Buy & Bill Available: AOB Coverage Available:		
Primary Pharmacy:	Pharmacy Benefits Available:		
Secondary Pharmacy:	Pharmacy Benefits Available:		

Secondary Medical Insurance:

If your patient has secondary medical insurance, coverage details are outlined here. This section is similar to the Primary Medical Insurance section on page 1 of the VOB.

Payer Mandated Pharmacies

Lists payer mandated pharmacies and their telephone numbers, if available.

Coordination of Medical Benefits

Outlines how medical benefits will be coordinated between your patient's 2 insurance options.

Coverage Overview

Provides highlights of your patient's insurance coverage.



Visit us online at
JNJwithMe.com

Questions?



833-JNJ-wMe1 (833-565-9631)
Monday through Friday, 8:00 AM to 8:00 PM ET
Multilingual phone support available

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for J&J withMe. The information you get does not require you or your patient to use any Johnson & Johnson product. Because the information we give you comes from outside sources, J&J withMe cannot promise the information will be complete.

This information is not a promise of coverage or payment. It is not intended to give reimbursement advice or increase reimbursement by any payer. The fact that a treatment is assigned a code and payment rate does not promise that it will be covered. Codes are used to describe products, procedures, or services on insurance claims. Payers use these codes with other information to figure out if treatment will be covered, and how much will be paid if covered. Legal requirements and plan information can be updated frequently. Contact the plan for more information about current coverage, reimbursement policies, restrictions, or requirements that may apply.

Benefits verified on date listed at the top of the form and may change.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Johnson & Johnson and its third-party service providers strongly recommend you consult your payer for its most current coverage, reimbursement, and coding policies. Johnson & Johnson and its third-party service providers make no representations or warranties, expressed or implied, as to the accuracy of the information provided. In no event shall the third-party service providers or Johnson & Johnson, or their employees or agents, be liable for any damages resulting from or relating to any information provided by, or accessed to or through, J&J withMe. All Healthcare Providers and other users of this information agree that they accept responsibility for the use of this program.