Infertility Treatment Summary Form

TUFTS Health Plan
www.tuftshealthplan.com/providers
Provider Services - 888-884-2404
Precertification Department (FAX) - 617-972-9409

Fax completed form to Tufts Health Plan, Precertification Department at (617) 972-9409

1. Member Name:	2. DOB:	3. Member ID #

DATE	PROCEDURE[1]	CYCLE #	IVF CENTER	STIMULATION # OF AMPS	PEAK E2	# EGGS RETRIEVED	# EGGS FERTILIZED	EMBRYO QUALITY[2]	# EMBRYOS TRANSFERRED	# EMBRYOS CRYO	Beta HCG

[1] Key for Procedure Type: 1: IVF/Fresh Cycle, 2: IVF/FET, 3: IVF/with ICSI, 4: IVF/with donor sperm, 5: FSH/IUI, 6: CC/IUI, 7: IUI with donor sperm
8: Donor Egg Cycle

[2] For Embryo Quality, include # cells and fragmentation