

**AEM TO BE IMAGED**

# Fax

<b>To:</b> MEDS	<b>From:</b>
Fax: 1-866-841-2267	Hospital/Facility:
Phone: 1-800-562-3022	Phone:
Re: AEM Application	Fax:
Number of pages(including fax cover sheet):	

**Client Information:**

<b>Name:</b>	
<b>Washington Healthplanfinder ID:</b>	<b>ACES ID:</b>
<b>Date(s) of Service:</b>	

**Applying for Coverage:**

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital Emergency Room      | <input type="checkbox"/> Cancer Treatment           |
| <input type="checkbox"/> Hospital Inpatient Treatment | <input type="checkbox"/> Dialysis                   |
| <input type="checkbox"/> Outpatient Surgery           | <input type="checkbox"/> Anti-rejection Medications |

**Documents Included (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> UB04               | <input type="checkbox"/> Cancer Treatment Plan/ Pathology Report      |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Dialysis Flow Charts/ Current Treatment Plan |
| <input type="checkbox"/> Discharge Summary  | <input type="checkbox"/> Anti-rejection Medication Treatment Plan     |

**Comments:**

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Apply online at [wahealthplanfinder.org](http://wahealthplanfinder.org) or submit a paper application (HCA 18-001P) by: Fax: 1-855-867-4467 or Email [Apple@hca.wa.gov](mailto:Apple@hca.wa.gov)