

This form outlines the information required to submit a treatment plan request through the [Eviti Connect Autoimmune application](#). A clinical team member from your practice can assist in completing this checklist to ensure all necessary details are available when entering the treatment plan request.

All documentation should be uploaded during submission or emailed (mr@eviti.com) or faxed (**888-468-1423**) to the Eviti Medical Office.

For questions, please contact the Eviti Support Team: clientsupport@nanthealth.com

Patient Information

Patient Name			
Patient Date of Birth		Male	Female
Patient Address			
Patient Zip Code			
Date of Diagnosis			
Insurance Plan			
Insurance ID			

Provider Information

Physician Name			
Practice TIN			
Physician NPI			
Submitter Name			
Submitter Phone			
Submitter Fax			
Submitter Email			

Patient Treatment Details

Patient Detail →	Patient Height	in	cm	Patient Weight	lb	kg
ICD-10 Code:						
Disease						
Subtype (if applicable)						
Is this request for (check one)	New Therapy		Continuation of Therapy			
Line of Treatment (choose one)	First Line	Second Line	Third Line	Fourth Line		
Length of Treatment						
Treatment Start Date						

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