

WATCHMAN™ Left Atrial Appendage Closure (LAAC) Device Provider Intake Form

Please complete & return via toll free fax at **1-855-612-8227**

Physician Information

Physician:		Practice Name:		
Address:				
City:	State:	Zip:	Phone:	Fax:
Contact(s):			Email:	
TIN:	Billing NPI:	Doctor NPI:		
BCBS:	Medicaid:	UPIN:	Other:	

Please Provide Facility Information below. Medicare restricts WATCHMAN implants to the inpatient hospital site of service.

Facility Information

Facility:				
Address:				
City:	State:	Zip:	Phone:	Fax:
Contact(s):			Email:	
TIN:	Billing NPI:	BCBS:	Other:	

Comments

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Boston Scientific Internal Use Only - WATCHMAN Sales Representative Information:

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Sales Rep Name:	Phone:	CS Name:	Phone:	Territory:
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IMPORTANT: If you would like an On-Board Call, where your Pre-authorization Support Specialist will give you an overview of BSC's pre-authorization or appeals process, please check the box and a BSC Pre-authorization Support Specialist will contact you. Thank you!

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