DBMS Health
Individualized Care Management Services

New Group Setup

General Client Information	
TPA:	
Type:	
Legal Name of Group:	
Group Numbers:	
DBA:	
Street Address	
PO BOX	
City,	
State	
Zip Code	
Telephone	
Fax	
Nature of Business	
Total Number of Employees	
Use Employer's Logo on Letters?	
Group Primary Contact	
Primary Contact Phone	
Primary Contact Email	
Contract Effective Date:	
Duration of Contract:	
Retirees or Medicare Primary Covered?	

TPA Contact Information			
	TPA Contact 1	**TPA Contact 2**	**TPA Contact 3**
Contact Person:			
Phone:			
Email Address:			
Notes:			

Networks (list all that apply)	PCP	SCP	Hospital	PPO
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Pharmacy Program	
Company Name	
Contact Person	
Phone	
Email Address	
Notes:	
Are specialty/injectables covered under the pharmacy benefit program?	

Reinsurance Carrier Name:	
Stop Loss	
Contact Person	
Phone	
Email Address	
Notes:	

Services (check all that apply)		Cost	PEPM / Hourly	Contract Date	
Utilization Review	☐				
Case Management	☐				
24/7 Nurse Helpline	☐				
Disease Management	☐				
Population Management	☐				
Short Term Disability	☐				

DM Programs (List All)	

Exclusions (please list all and see last page for precert requirements)	

DBMS REPORTING FREQUENCY:	
Reports Should Be Delivered By Mail Or Email?	
Please List Who Reports Should Be Sent To:	
Name:	
Address:	
P.0. Box:	
City, State, Zip Code:	
Email Address:	
Contract To Be Sent For Signature To:	
Copy Of Signed Contract To:	
Party Remitting Payment To DBMS:	
Payment Contact Person:	
Phone Number:	
Email Address:	

Utilization Review/Precert Requirements - (check all that apply)			
Service	**Auto-Auth?**	**Service**	**Auto-Auth?**
☐ Allergy Testing	Yes☐	☐ MRI	Yes☐
☐ Angioplasty	Yes☐	☐ Myelography	Yes☐
☐ Arthroscopic surgery	Yes☐	☐ Myringotomy	Yes☐
☐ Artificial Limbs	Yes☐	☐ Nasal Surgery	Yes☐
☐ Back Surgery- Including Epidural Block	Yes☐	☐ Obstetric Admission	Yes☐
☐ Biopsies	Yes☐	☐ Obstetrics	Yes☐
☐ Blepharoplasties	Yes☐	☐ Occupational Therapy	Yes☐
☐ Breast Surgery- Including Biopsy	Yes☐	☐ OP IV Therapy	Yes☐
☐ Cancer Care	Yes☐	☐ Other Insurance Primary	Yes☐
☐ Cardiac Catheterization	Yes☐	☐ Outpatient Chemotherapy	Yes☐
☐ Cardiac Rehab	Yes☐	☐ Outpatient Mental Health	Yes☐
☐ Cardiolite Stress Tests	Yes☐	☐ Outpatient Observation	Yes☐
☐ Carpal Tunnel Release	Yes☐	☐ Outpatient Procedure	Yes☐
☐ CAT SCAN	Yes☐	☐ Outpatient Psych	Yes☐
☐ Cataract Surgery	Yes☐	☐ Outpatient Radiation Therapy	Yes☐
☐ Chemotherapy	Yes☐	☐ Outpatient Substance Abuse	Yes☐
☐ Chiropractic Services	Yes☐	☐ Outpatient Surgical Procedures	Yes☐
☐ Colonoscopy	Yes☐	☐ Pacemaker Placements	Yes☐
☐ D&C	Yes☐	☐ Pain Management & Rehabilitation	Yes☐
☐ Diagnostic Testing	Yes☐	☐ Partial Hospitalization	Yes☐
☐ Dialysis	Yes☐	☐ Persantine Cardiolite Stress Test	Yes☐
☐ Discograms	Yes☐	☐ PET Scan	Yes☐
☐ Durable Medical Equipment	Yes☐	☐ Physical Therapy	Yes☐
Amount?		☐ Private Nursing	Yes☐
☐ Elective Abortions	Yes☐	☐ Prostate Surgery	Yes☐
☐ Elective IP Admissions	Yes☐	☐ Prosthetic Devices	Yes☐
Prior days' notice for IP admission?		☐ Radiation Therapy	Yes☐
☐ Electromyography	Yes☐	☐ Renal Biopsy	Yes☐
☐ Emergency Admissions	Yes☐	☐ Respiratory Therapy	Yes☐
☐ Extended Care Confinements	Yes☐	☐ Retirees	Yes☐
☐ Fertility Testing	Yes☐	☐ Second Surgical Opinion	Yes☐
☐ Fiber-Optic Colonoscopy	Yes☐	☐ Sinus Surgery	Yes☐
☐ Fiber-Optic Sigmoidoscopy	Yes☐	☐ Skilled Nursing Facility	Yes☐
☐ Home Health Care	Yes☐	☐ Skilled Therapy Services	Yes☐
☐ Hospice	Yes☐	☐ Sleep Studies	Yes☐
☐ Injectable Drugs	Yes☐	☐ Specialist Referrals	Yes☐
☐ Inpatient Hospital Admissions	Yes☐	☐ Speech Therapy	Yes☐
☐ Inpatient Rehab Facility Confinement	Yes☐	☐ Stress Test	Yes☐
☐ Inpatient Substance Abuse	Yes☐	☐ Substance Abuse	Yes☐
☐ Laparoscopic Procedure/Surgery	Yes☐	☐ Surgical Procedures	Yes☐
☐ Lithotripsy	Yes☐	☐ Tissue/Organ Transplant	Yes☐
☐ Liver Biopsy	Yes☐	☐ TMJ	Yes☐
☐ Maternity Admissions	Yes☐	☐ Tonsillectomy and /or Adenoidectomy	Yes☐
☐ Medicare Primary	Yes☐	☐ Varicose Vein Procedures	Yes☐
☐ Mental & Nervous Inpatient	Yes☐	☐ Voluntary	Yes☐
☐ MRA	Yes☐	☐ X-Rays	Yes☐
☐	Yes☐	☐	Yes☐
☐	Yes☐	☐	Yes☐
☐	Yes☐	☐	Yes☐

Submit