AccessOne® for REMICADE® (infliximab) Verification Request Tracking Form

Patient Name	Service ID (Located on bottom left of the confirmation form)	Date Submitted	Verification of Receipt Received	Date Verification of Benefits Received	Prior Authorization Required	Should PCP Provide Referral/Prior Approval	LMN or Additional Documentation Required	Date Ready to Infuse

Please see Full Prescribing Information for REMICADE® including Boxed Warning, Contraindications, Warnings, Precautions, and Adverse Reactions available at centocoraccessone.com.

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