

# The ActiGraft Coverage Support Program

## Case Submission Checklist

Please upload the following items to the ActiGraft Coverage Support Program Online Portal at <https://priahealthcare.my.site.com/actigraft>. You may also fax the items to 860.407.0352 or email them to [actigraft@priahealthcare.com](mailto:actigraft@priahealthcare.com).

✓	<b>ALL CASES</b>
	Copy of patient's insurance card (front & back)
	Current medical records
	Fax Intake Form (if submitting case via fax or email)
	Insurance correspondence if applicable (Prior authorization denial letter, etc)
✓	<b>CLAIM APPEAL CASES</b>
	Explanation of Benefits (EOB)
	Copy of the original claim form
	Statement of medical necessity (for medical necessity denials)
	Insurance correspondence if applicable (claim denial letter, etc)

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**P** 860.740.0343

**F** 860.407.0352

[actigraft@priahealthcare.com](mailto:actigraft@priahealthcare.com)

# ActiGraft