

RV27 Annual Reverification Manual Sign Up Form

Add your patient list into the cells below. This form is used to submit patients for 2027 benefit verification or copay eligibility review. Fax to BMS Access Support Oncology at 888-776-2370.

Site Contact Name & Phone Number:

TO: Cencora Data Intake, please index list to patient P-70062825, Annual Reverification						Choose ONE of the following	
January '27 Treatment Date	Patient First Name	Patient Last Name	Patient DOB	Provider Name	January '27 BMS Product	Check (√) this column for 2027 benefit verification (Includes copay assessment)	Check (√) this column for 2027 copay eligibility check ONLY (Does NOT include benefit verification)
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐