



# Behavioral Health—Level of Care Supplemental Form

The Behavioral Health – Level of Care Request Form can be found on the [Mass Collaborative](#) website.

For:	Fax to:
Blue Cross Blue Shield of Massachusetts employees and dependents (for privacy reasons)	1-888-608-3693
All other requests	1-888-641-5199

Please tell us:	
Are you willing to accept the network rate while treating this member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to contact you through your secure PHI fax line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requesting provider's fax number	(     )
Service provider's address	Street: _____ City: _____ State: _____ Zip: _____