



BEHAVIORAL HEALTH LEVEL OF CARE SUPPLEMENTAL FORM

The *Behavioral Health – Level of Care Request Form* can be found on the [Mass Collaborative](https://www.masscollaborative.com) website.

FOR THESE MEMBERS:	FAX YOUR REQUEST 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 code:	