



# PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENT SUPPLEMENTAL FORM FOR BCBSMA

Submit this form with the *Psychological and Neuropsychological Assessment Supplemental Form*, which can be found on the [Mass Collaborative](#) website.

FOR THESE MEMBERS:	FAX YOUR REQUEST TO:
Blue Cross Blue Shield of Massachusetts employees and dependents (for privacy reasons)	<b>1-888-608-3693</b>
All other requests	<b>1-888-641-5199</b>

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:	