

Outpatient Procedure Notification and Prior Authorization Fax Request Form

Office Information (Ordering Provider):								
Date:								
Office Information (O	ordering Provider):							
Office Contact:			Phone#:					
Office Fax#:			Federal Tax ID or NPI#:					
Request Type:	☐ Urgent			☐ Routine				
Urgent is defined as Urgen	s "significant impact to nt Cases, the preferred	o health of the me I method of conta	ember if not complete act is phone. Please o	ed within 72 hours." For Expedited or call 877-707-2583 Opt 6.				
Which office are you representing?				☐ Rendering				
Member Information:	Member Information:							
Member Information:								
	First		Last	DOB				
Member ID #:			Member Group#:					
Clinical Information:	_	_	_					
Procedure Description	on:	CPT/HCPCS	Code:	ICD-10 Code:				
Requested Date of Service: Place of		Place of Serv	ervice (location where member will receive services):					
Symptoms and comp	olaints		Duration					

Form Revision: 10/2011

Office visit and physical exam findings:				
Physical Exam Findings	Date	Results		
Results of pertinent recent lab tests rele				
Test	Date	Results		
Medications used for the current proble	m:			
Medication	Duration	Effective	ective	
		☐ Yes	□ No	
		☐ Yes	□ No	
		☐ Yes	□ No	
Prior tests (including x-ray, US, CT MRI) Test, intervention or surgery	; treatments (surge			_
rest, intervention or surgery	Date	Results /Ellect	Results /Effective Yes/No	
Provider Signature:		Date:		

Please fax this form, along with any documentation of other history or clinical facts supporting this requested examination to Blue Benefit Administrators of Massachusetts at 1-978-332-5113. If you have additional questions, please contact 1-877-707-2583 Opt 6.

NOTE: In order to process your request completely and timely, please submit any pertinent clinical data (i.e. progress notes, treatment rendered, tests performed, labs results, radiology reports) to support your request. FAILURE TO PROVIDE SUFFICIENT CLINICAL INFORMATION WILL RESULT IN A DELAY IN RESPONDING TO YOUR REQUEST.