



Repetitive Transcranial Magnetic Stimulation (rTMS) Supplemental Form

The Repetitive Transcranial Magnetic Stimulation Request Form can be found on the [Mass Collaborative](#) website

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

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: _____