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MASSACHUSETTS

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) SUPPLEMENTAL FORM

Submit this form with the *rTMS 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)	**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?	❒ Yes ❒ No
Would you like us to contact you through your secure PHI fax line?	❒ Yes ❒ No
Requesting provider's fax number:	
Service provider's address: Street:	
City, State, Zip code:	

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