OUT-OF-NETWORK PRE-AUTHORIZATION AND EXCEPTION REQUEST FORM
This form is for out-of-network providers requesting application of in-network benefits for their services.

PREMERA | BLUE CROSS

Complete and fax to Care Management at 800-866-4198.

Request Date: _____

☐ **URGENT** – Urgent requests must include supporting documentation from the provider's office, noting that standard timeframes for making a non-urgent determination could:

- seriously jeopardize the life/health of the patient or the ability to regain maximum function
- or, in the opinion of a provider with knowledge of the member's medical condition, subject the patient to severe pain that they can't adequately manage without requesting care or treatment.

MEMBER/PATIENT: _____ Date of birth: _____
Member ID: _____ Suffix: _____ Group #: _____

REQUESTING PROVIDER: _____	**SERVICING PROVIDER:** _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact person: _____	Contact person: _____
Tax ID (REQUIRED): _____	Tax ID (REQUIRED): _____
NPI # (if available): _____	NPI # (if available): _____

REQUIRED: Complete all fields that apply for place of service.

FACILITY: _____	☐ Outpatient hospital
Address: _____	☐ Inpatient hospital
City/State/ZIP: _____	☐ Ambulatory surgical center
Tax ID (REQUIRED): _____	☐ Ongoing treatment
NPI# (if available): _____	**Date scheduled:** _____
Phone: _____ Fax: _____	**Existing reference #:** _____
	Expiration date: _____

Reason for out-of-network provider request:

What is the reason for the request?

Has the patient seen this provider in the past? Yes ☐ / No ☐ If yes, when was the last visit?

Is this request a follow-up to an emergency? (e.g., ER treatment/emergency surgery) Yes ☐/ No ☐
If yes, when was the last visit?

Service needed (procedure, test, inpatient care – please specify). Attach supporting medical records and include presenting symptoms and previous treatment.

Diagnosis code(s): Procedure/CPT code(s):

Explain in detail why the services noted above can only be provided by this particular out-of network provider:

Note: Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.