PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

OUT-OF-NETWORK PRE-SERVICE/ PRE-AUTHORIZATION REQUEST FORM

Fax to Care Management at 866-809-1370

Request Date _____

☐ **URGENT** – All requests marked as urgent/expedited must include supporting documentation from the physician's office that the application of standard timeframes for making a non-urgent determination: (a) could seriously jeopardize the life or health of the patient or the ability to regain maximum function, or, (b) in the opinion of a physician with knowledge of the member's medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment being requested.

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/NPI # _____	Tax ID/NPI # _____

REQUIRED: PLEASE INCLUDE THE FACILITY WHERE THE SERVICES WILL BE DONE.

☐ Outpatient ☐ Inpatient Facility Name _____

Date Scheduled _____ ☐ Initial Treatment ☐ Concurrent/Ongoing Treatment

Existing Reference # _____ **Expiration Date** _____

Reason for Out-of-Network Provider Request

What is the reason for the request?

Has patient seen this provider in the past? Y ☐ / N ☐ If yes, when was the last visit?

Is this request a follow-up to an emergency (e.g., ER treatment/emergency surgery)? Y ☐ / N ☐

If yes, when was the last visit?

Service needed (procedure, test, inpatient care – please be specific). Please 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.