



BLUE ADVANTAGE PRE-SERVICE ORGANIZATION DETERMINATION REQUEST

Post Office Box 362025, Birmingham, AL 35236
 Fax 833-440-7607 or 205-220-0675

<input type="checkbox"/> Standard Request The service has not yet been rendered and your patient's condition is not considered life threatening.	<input type="checkbox"/> Expedited Request (The service has not yet been rendered.) Please describe how applying the standard time for making a determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function. <hr/> <hr/> <hr/> <hr/> <hr/>
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SECTION I: PHYSICIAN INFORMATION

Requesting Physician

First Name		Last Name	
Physician Fax Number		Physician Telephone Number	
Physician National Provider Identifier (NPI)		Physician Tax ID	
Street Address or P.O. Box			
City	State	Zip	Office Contact Person

SECTION II: PATIENT INFORMATION

Prefix	Contract Number (Copy from the member's identification card.)	Patient Date of Birth (mm/dd/yyyy)

Patient Name

First Name	Middle Name	Last Name

SECTION III: REQUIRED DOCUMENTATION

PLEASE ATTACH THE FOLLOWING INFORMATION:
 • CLINICAL RATIONALE FOR YOUR REQUEST • SUPPORTING MEDICAL RECORD/INFORMATION FOR YOUR REQUEST.

DIAGNOSIS CODES AND PROCEDURE CODES FOR YOUR REQUEST:

Procedure Code 1:	Diagnosis Code 1:
Procedure Code 2:	Diagnosis Code 2:
Procedure Code 3:	Diagnosis Code 3:

Requesting Physician's Signature

Blue Advantage (PPO) is a Medicare-approved PPO plan. Enrollment in Blue Advantage (PPO) depends on CMS contract renewal. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

 Signature