

Categorical Listing of Forms

Thank you for browsing our provider forms. If you have any questions or comments about the forms, please [contact us](#).

Coordination of Benefits

- [Coordination of Benefits/Blue Cross and Blue Shield of Alabama is Host Plan](#)

Dental

- [Dental Provider Application](#)
- [Out-of-State Dental](#)
- [Notification of Noncovered Dental Services](#)

Electronic Data Interchange (EDI)

- [Direct Deposit Registration Online Instructions](#)
- [Electronic Funds Transfer \(EFT\) Authorization Agreement](#)

Provider Enrollment

- [See Provider Maintenance Page for Forms](#)
- [Preferred Radiology Provider Program New Physician Notification](#)

Medical

- [Chiropractors Certification Form](#)
- [Continuity of Care Request Form](#)
- [Member Management Referral Form](#)
- [DME Certification Form](#)
- [HIPAA Privacy and Non-Filed Claims](#)
- [Medical Necessity for Out-of-State Providers for Bariatric Surgery](#)
- [Noncovered Services Statement](#)
- [Noncovered Services Statement for Preferred Medical Doctors](#)
- [Outpatient Predetermination Request Cover Sheet](#)
- [Personal Choice Network Retro-Referral Form \(for the Personal Choice Network ONLY\)](#)
- [Provider Appeals](#)
- [Referral Form for Indian Health Services](#)
- [Voluntary Overpayment Return](#)

Medical – Blue Advantage

- [Blue Advantage Precertification Form](#)
- [Blue Advantage Pre-Service Organization Determination Request](#)
- [Blue Advantage Pre-Service Organization Determination Appeal](#)

Precertification

An independent licensee of the Blue Cross and Blue Shield Association

- [Chiropractors Certification Form](#)
- [DME Certificate of Medical Necessity](#)
- [FEP Hospice Request for Certification](#)
- [Home Health Request for Certification](#)
- [Hospice Certification Form](#)
- [LTAC Preadmission Evaluation Form](#)
- [Therapy Precertification - Blue Advantage](#)
- [Therapy Precertification - Occupational](#)
- [Therapy Precertification - Physical](#)
- [Therapy Precertification - Speech](#)

Psychiatric

- [Authorization for Disclosure of Mental Health Clinical Information](#)
- [Behavioral Health Substance Abuse Certification](#)
- [Behavioral Health Substance Abuse Continued Stay Review Form](#)
- [Behavioral Health Case Management Prescreening](#)

Blue Advantage Drug Prior Authorization

- [Blue Advantage Physician Drug Authorization Request Form](#)
- [Blue Advantage Drug Coverage Determination, Formulary or Tier Exception Drug Authorization Forms, Quantity Limit Drug Authorization Forms and Step Therapy Drug Authorization Forms](#)

BlueRx Drug Prior Authorization

- [BlueRx Physician Drug Authorization Request Form](#)
- [BlueRx Drugs Drug Coverage Determination, Formulary or Tier Exception Drug Authorization Forms, Quantity Limit Drug Authorization Form and Step Therapy Drug Authorization Forms](#)