



BlueAdvantage Administrators of Arkansas

An Independent Licensee of the Blue Cross and Blue Shield Association

Please fax or mail responses to:
BlueAdvantage Administrators of Arkansas
PO Box 1460
Little Rock, AR 72203-1460
Fax: 501-301-1958

WALMART OUT OF NETWORK PROVIDER EXCEPTION REQUEST FORM

Please fax to 501-301-1958

(Please note- This form does not constitute that an exception has been allowed, unless you receive written confirmation from BlueAdvantage Administrators. Failure to obtain an approval may result in a reduction of payment based on the benefit plan.)

Date Request Submitted: _____

Name & Phone # of person completing this form: _____

Date of Appointment: _____

Patient Name: _____

Member ID #: _____ Date of Birth: _____

Insured's Name & Address: _____

Does patient have other insurance? If yes, please identify below:

This Exception Request is for:

Hospital/Physician name: _____

Address: _____

Please have physician complete this area:

Diagnosis Codes: _____

Treatment Plan with CPT or HCPCS Codes:

Medical necessity for seeking treatment out of network:

Please Print:
Requesting Physician: _____ Phone # _____

*****NOTE***** Network exceptions will be considered only when complete medical information and a treatment plan are submitted with this request. Please submit any records or correspondence that would be helpful.