

Fax Cover Sheet

An Independent Licensee of the
Blue Cross and Blue Shield Association

Phone	Pre-Service Medical Review Department: (800) 955-5692 / Option 3 / Option 6		
Fax to	General, Newborn/NICU: (877) 219-9448 Rx: (904) 905-9849 Transplant: (904) 357-6331 Voluntary Pre-determination for Select Services – VPSS (VPCR): (877) 219-9448 Medicare Advantage, Blue Medicare, Medicare PPO: (904) 301-1614		
Instructions	<ol style="list-style-type: none"> 1. Complete this fax cover sheet thoroughly including any additional information. 2. Include the completed associated Certificate of Medical Necessity (CMN) for the requested care or treatment. 3. Start the request through Availity at www.availity.com or call Blue Express at (800) 397-7337. 4. Availity®, LLC is a multi-payer joint venture company. For information or to register, visit www.availity.com. 		
Fax Information	Re:	Date:	No. of Pages:
Sender Information	From:	Phone:	Company:
Physician Information/ Requesting Provider	Name:	FB Provider #:	National Provider Identifier (NPI):
	Contact Name:	Phone:	Fax Number:
Member Information	Last Name:	First Name:	Member/Contract Number:
Request Type	Standard		
	Expedited/Urgent Expedited/Urgent Care – Any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations: Could seriously jeopardize the life or health of the Member or the Member's ability to regain maximum function, based on a prudent layperson's judgment OR; In the opinion of a practitioner with knowledge of the Member's medical condition, would subject the Member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.		
Additional Information			
Note	The information in this document is confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law. Action: If you are not the intended recipient or the individual responsible for delivering to the intended recipient: <ul style="list-style-type: none"> • be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited. • notify the sender immediately by telephone and destroy this document immediately. 		