

Empire Blue Cross Blue Shield PRE-NOTIFICATION FAX FORM

To: Senior Services for SmartValue Date: _____
Fax: 920-923-7572 From: _____
Phone: 888-445-8916 Phone: _____
* Ref #: _____ Fax: _____

Member Name : _____ Member ID Number: _____
Service Start Date: _____ Service End Date: _____
Diagnosis/ICD-9 Code(s) (or description): Total _____
CPT/HCPCS/Procedure Code(s) (or description) : _____
Place of Service (HIPAA code/description) : _____
Type of Care (please circle one): Elective / Emergent / Urgent
Treatment (please circle one): Medical / Surgical
Referral Type (please circle one): Acute / Chronic
Name of Physician/Supplier making Pre-notification: _____
Tax ID# of Provider: _____
Name of Facility: _____
Address of Facility: _____
Phone Number of Provider/Supplier/Facility: _____
Return response requested via (please circle one): FAX TELEPHONE
[* Fax-back requests will include Ref # above completed by UniCare]

Empire Blue Cross Blue Shield WILL CONTACT ALL PROVIDERS TO CONFIRM RECEIPT OF PRENOTES WITHIN THREE BUSINESS DAYS WITH THE EXCEPTION OF WEEKENDS AND HOLIDAYS.

NOTE: Pre-notification is not a guarantee of payment. Eligibility at the time of the service and other constraints may apply. Empire Blue Cross Blue Shield follows Medicare coverage guidelines and medical necessity criteria to determine coverage of all services. Please contact Customer Care or access the SmartValue 2010 Terms and Conditions at www.empireblue.com for information about service pre-notification. Empire Blue Cross Blue Shield is contracting with CMS.

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