



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): _____

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]

Anthem Blue Cross 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. Anthem Blue Cross follows Medicare coverage guidelines and medical necessity criteria to determine coverage of all services. Please contact Customer Care or access the SmartValue Summary of Benefits and Provider Disclosure at <http://www.anthem.com/CA> for information about services requiring pre-notification. Anthem Blue Cross is contracting with CMS.

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