BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

The Vermont Health Plan
An independent licensee of the Blue Cross and Blue Shield Association.

Prior Approval/Referral Authorization/Pre-Certification Form

Blue Cross and Blue Shield of Vermont / The Vermont Health Plan

New England Health Plan (NEHP) including Access Blue New England (ABNE)

Section 1: Patient Information **Please circle one:** **Pre-Service Request** **Post-Service Request**

Member ID: _____ DOB _____ Gender *(check one)*: M F

Name: _____

Address: _____

City, State _____ Zip: _____

Phone: _____ Occupation: _____

Section 2: Diagnosis Does/Do the service(s) requested require Prior Approval? *(check one)*: Yes No

Date diagnosed: _____ Prognosis: _____

Primary Diagnosis Code: _____ Additional Diagnosis Code: _____

Section 3: Service(s) Requested Is this request for Out-of-Network services? *(check one)* Yes No

Date of Admit/Surgery/Initiation/Evaluation _____ Duration: _____

HCPCS/CPT: _____ If DME Purchase Price: $ _____ Monthly Rental Price: $ _____

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Number of Visits: _____ Location: *(select one)* Inpatient Outpatient Office Home

Section 4: Referring/Requesting Provider and Vendor/Group/Facility

Provider Name: _____ Group/Facility: _____

Address: _____

City, State _____ Zip: _____

Phone: _____ Fax: _____ NPI: _____

Section 5: Rendering/Attending/Servicing/DME Provider Is this a network provider? *(check one)* Yes No

Provider Name: _____ Group/Facility: _____

Address: _____

City, State _____ Zip: _____

Phone: _____ Fax: _____ NPI: _____

Section 6: Form

Name of Person Completing Form/Office Contact: _____

Phone: _____ Fax: _____ Date: _____

Instructions: Please complete all fields and submit with the form, your treatment plan and any medical notes that support your request for benefits. If you need more room, you may attach additional pages or forms. If you have questions on the form or the member's benefits, please visit our website at www.bcbsvt.com or call (800) 924-3494 for assistance. BCBSVT /TVHP requests and NEHP/ABNE referrals should be faxed to: (802)371-3491. TVHP PHO requests should be faxed directly to: VMC Providers: (802)847-6213. For radiology requests, please contact AIM Specialty Health at (800) 701-0080 or online at https://www.aimspecialtyhealth.com. For prescription drug requests, please contact Express Scripts® via phone at (800) 313-7879, via fax at (888) 255-1006 or online at https://expresspa.pahub.com.