

Fax Cover Sheet

Fax to:

General: (877) 219-9448
Rx: (904) 905-9849
Transplant: (904) 357-6331

Voluntary Pre-Service Coverage Review (VPCR): (877) 219-9448
Medicare Advantage, Blue Medicare, Medicare PPO: (904) 301-1614
FEP Preservice: (866)-441-1569
SAO Preservice: (866)-441-1568

Pre-Service Medical Review Department
 Phone: (800) 955-5692 / Option 3 / Option 6

Instructions	<ol style="list-style-type: none"> Complete this fax cover sheet thoroughly including any additional information. Include the completed associated Certificate of Medical Necessity (CMN) for the requested care or treatment. Start the request through Availity at www.availity.com or call Blue Express at (800) 397-7337. <p>Availity®, LLC is a multi-payer joint venture company. For information or to register, visit www.availity.com.</p>
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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	<input type="checkbox"/> Standard
	<input type="checkbox"/> Expedited/Urgent <u>Expedited/Urgent Care</u> – Any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations: <ul style="list-style-type: none"> <input type="checkbox"/> 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; <li style="text-align: center;">OR <input type="checkbox"/> 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	
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Note	<p>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.</p> <p>Action: If you are not the intended recipient or the individual responsible for delivering to the intended recipient:</p> <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.
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