Blue Medicare Advantage

Prior Authorization Form

Reference #: UMUM_REF_ID (iAuthid) **Issue date:** UMSV_FROM_DT **Expire date:** UMSV_TO_DT		
Patient information		
Patient name (last, first): SBSB_LAST_NAME, SBSB_FIRST_NAME	Date of birth: MEME_BIRTH_DT	Gender: MEME_SEX
Mailing address (City, State, ZIP) SBAD_ADR1, SBAD_CITY, SBAD_STATE, SBAD_ZIP	Phone #: SBAD_PHONE	
Eligibility information		
Member ID: SBSB_ID	Effective date: MEPE_EFF_DT	Type: MemberLOB
Primary care or referring physician information		
Physician: (Pull the PRPR_ID from field umsvPrpIdReq) PRPR_NAME	Provider ID: PRPR_ID (PCP)	
Address (Street, City, State, ZIP): (PRAD_TYPE = PRI) PRAD_ADDR1, PRAD_CITY, PRAD_STATE, PRAD_ZIP	Phone #: PRAD_PHONE	
***Referred to* provider information**		
Referred to/facility: (Pull the PRPR_ID from field umsvPrpIdFac)	Provider ID: PRPR_ID (Facility)	
Address (Street, City, State, ZIP): (PRAD_TYPE = PRI) PRAD_ADDR1, PRAD_CITY, PRAD_STATE, PRAD_ZIP	Provider phone #: PRAD_PHONE	
Physicians/specialist (if different than above): (Pull the PRPR_ID from field umsvPrpIdSvc)	Specialist ID: PRPR_ID (Servicing)	
Address (Street, City, State, ZIP): (PRAD_TYPE = PRI) PRAD_ADDR1, PRAD_CITY, PRAD_STATE, PRAD_ZIP	Specialist phone #: PRAD_PHONE	
Services(s) requested		
Status: UMVT_STS	Diagnosis/complaint(s): IDCD_ID, IDCD_2, IDCD_3, etc.	Procedure (s): If authorization type does not equal OPS or PI then list SI name; otherwise, list all of the selected CPT® codes on the CPT selection screen.
Instructions/comments: (Free form text from Auth Template)		
Please forward a report of your findings to the primary care physician at the above address.		

This referral is valid only for the services authorized by this form. Only completed referrals are processed. If the consultant or provider recommends another service or surgery, additional authorization is required. Certification does not guarantee benefits will be paid. Payment of claims is subject to eligibility, contract limitations, provisions and exclusions.

Confidentiality statement

<The documents being transmitted may be confidential and may include Blue Medicare Advantage member information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken on the contents of these documents is strictly prohibited. Please destroy all copies of the original message. >

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.