



of Tennessee
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1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantageSM DME Fax Form

Member Name _____ DOB _____

Member ID Number _____ LPPO _____ PFFS _____

Diagnosis _____ ICD9 Code _____

Co-morbidities _____

Symptoms _____

Surgery Type _____ Surgery Date _____

PO2 level _____ O2 Sat _____

Arterial blood gas results _____ Date Drawn _____

Beginning Date of Service: _____ Date of Services Requested _____

Equipment Requested _____

Information Needed To Complete Evaluation

- >HCPCS code for items requested _____
- >Rental or Purchase _____
- >Cost of items requested _____
- >Certificate of Medical Necessity (if applicable to CMS guidelines) _____

Supplier _____ Phone Number _____

Requesting Physician _____ Provider# _____

NPI Number _____ Tax ID# (the last 5 digits) _____

Phone Number _____ Fax Number _____

Address _____ Contact Person _____

Telephone Number 1-800-924-7141
Fax 1-888-535-5243 or 1-423-535-5243