



of Tennessee
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Chattanooga, TN 37402
bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantageSM Medical and Psychiatric Inpatient Fax Form

Member Name _____ DOB _____

Member ID Number _____ PFFS _____ LPPO _____

Date of admission _____ Observation: Yes _____ No _____

Facility/Provider Name _____ Facility/Provider Number _____

NPI Number _____ Facility Tax ID (last 5 digits) _____

Contact person _____

Facility Telephone Number () _____ Fax Number () _____

Requesting Physician _____ NPI _____

Requesting Physician Provider Number _____ Tax ID# (last 5 digits) _____

Diagnosis _____ ICD9 Code _____ CPT® Code _____

Co-morbidities _____

Plan of Treatment _____

H/P _____

Medications _____

Lab Values _____

Test Procedures/Results _____

Is there any Behavioral Health/Case Management or Discharge Plan Needs: Yes () No ()

Discharge Plans/Goals: _____

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