



of Tennessee

plans for better health. plans for a better life.™

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantageSM Therapy Fax Form

Member Name _____ DOB _____

Member ID Number _____ PFFS _____ LPPO _____

Diagnosis _____ ICD9 Code _____

Surgery Procedure _____ Surgery Date _____

Service(s) requested _____ Number of visits requested _____

Dates of service (s)/or Home Health Certification period _____

Please attach the following items as applicable:

OASIS (Home Therapy)

485 (Home Therapy) and Physician Order

Physical Impairments

Evaluation and Notes:

Short Term and Long Term Goals

Treatment Plan

Extension: Is patient compliant with HEP? Yes _____ No _____

If no, list barriers: _____

Facility/Agency Name _____ Address _____

Facility/Agency Provider Number _____

NPI Number _____ Tax ID (last 5 digits) _____

Phone _____ Fax _____

Contact Person _____

Requesting Physician _____ Provider Number _____

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

Phone _____ Fax _____

Telephone 1-800-924-7141

Fax 1-888-535-5243 or 1-423-535-5243