



**BlueCross BlueShield
of Tennessee**

801 Pine Street
Chattanooga, Tennessee 37402-2555

www.bcbst.com

Prior Authorization Request for Per Diem Facilities

**To register for secure e-mail for concurrent review and conversions contact:
Web Message line at 423-535-7543**

Please fill out all fields below for a prompt response.

Section 1: Disclaimer

Authorization is not a confirmation of coverage or benefits. Payment of benefits remains subject to all contract terms, benefit limits conditions, exclusions, and the member's eligibility at the time services are rendered. Individual policies may have exclusions, riders, and pre-existing requirements. To avoid member financial liability, call Provider Service at 1-800-924-7141 to verify if benefits are available for this diagnosis/condition and treatment under the member's policy.

Section 2: Patient Information

Member Name: _____

Date of Birth: _____

Member ID/Reference Number: _____

Update due: _____

Section 3: Contact/Physician Information

Facility Name: _____

Contact Name: _____

Contact Phone Number: _____

Physician Name: _____

Physician Phone Number: _____

Section 4: Clinical Information:

Please include all clinical information supportive of the request for inpatient extension. LIST ALL PERTINENT INFORMATION SUCH AS: current medical status; activity; diet; medications with dosages; pain scale; physician orders; physician treatment plan; applicable office and/or inpatient progress notes; inpatient and/or outpatient treatment(s) including any special treatments such as alternative therapies or treatment, all pertinent lab values; and any other supportive information.



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Clinical Notes: