

Request for Out-of-Network Benefits

Extension of Service: yes no

Referral #: _____

Member Name: _____ Member ID#: _____ D/O/B: _____

Referring Practitioner Name: _____ Provider ID #/NPI #: _____

Specialty: _____ Telephone #: _____ Fax: _____

Non-participating Practitioner/Facility Name: _____

Provider ID #/NPI # and Tax ID# (MUST BE INCLUDED): _____

Specialty: _____ Telephone #: _____ Fax: _____

Provider Address:(street) _____

(City) _____ (County) _____ (ST) _____ (ZIP) _____

*****PROVIDER MUST BE WILLING TO ACCEPT RATES FOR BLUECARE OR TENNCARESELECT*****

Hospital Name for outpatient, 23-hour or inpatient services: _____

Address: _____

If another Practitioner in the group or on-call Practitioner sees this Member instead of the original requested specialist, that information would need to be submitted via the Out-of-Network Benefit fax form. The information submitted on claim must match the information in the BlueCross BlueShield of Tennessee system.

***** Attach related records for services to be rendered *****

Symptoms/Diagnoses (Use the most appropriate ICD-9 Codes): _____

Service/Procedures to be provided (Use the most appropriate CDT, CPT[®] or HCPCS Codes): _____

Office/Follow-Up Visit Inpatient Outpatient Procedure 23-Hour Observation Behavioral Health

Date (s) of Service: _____ Emergency Room Dialysis Other:

Explain _____

Frequency/Duration of Services Requested (i.e., 2 times per week for 6 weeks): _____

State below or attach reason(s) why services cannot be provided by an IN-NETWORK facility and/or Practitioner: (Please, be very specific. It must be noted if the Practitioner is a sub-specialist, pediatrician, travels to see patient, poor network adequacy, continuity of care, etc.) **Fax request to 800-292-5311.**

All information is necessary. Without all information requested, no prior authorization can be obtained.

*****A reference number is not a confirmation of coverage of benefits available. Benefits remain subject to all contract terms, conditions, exclusions and to the patient's eligibility at the time services are rendered.**