



**of Tennessee**  
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P.O. Box 180205  
Chattanooga, TN 37402

bcbst-medicare.com

CONFIDENTIAL INFORMATION

## BlueAdvantage PFFS<sup>SM</sup> Part B Drug Advance Determination Fax Form

Member Name \_\_\_\_\_ Medicare Number \_\_\_\_\_

Member ID Number \_\_\_\_\_ DOB \_\_\_\_\_

Name of Drug \_\_\_\_\_ Date of Service \_\_\_\_\_

Dosage/Route \_\_\_\_\_

Diagnosis \_\_\_\_\_

Co-morbidities \_\_\_\_\_

Plan of Treatment/Cycle \_\_\_\_\_

Prior Treatments/Medications and Results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lab Values \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ Facility/Provider Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ NPI \_\_\_\_\_

**Call In Advance Determinations      1-800-924-7141**

**Fax In Advance Determinations      1-888-535-5243 or 1-423-535-5243**

**BlueAdvantage Customer Service      1-800-841-7434 or 1-888-423-9490 TTY (hearing impaired)**  
**Mon – Fri, 8 a.m. – 9 p.m., ET, seven days a week.**

From March 2 to September 30, you may be required to leave a voicemail on holidays and weekends. Your call will be answered within one business day.