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P.O. Box 180205
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bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantage PPOSM Inpatient Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Date of admission _____

Diagnosis _____ ICD9 Code _____

Co-morbidities _____

Plan of Treatment _____

Medications _____

Lab Values _____

Test Procedures/Results _____

Facility/Provider Name _____ Contact person _____

Provider Number _____ NPI _____

Phone Number _____ Fax Number _____

Call In Prior Authorization 1-800-924-7141

Fax In Prior Authorization 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.