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P.O. Box 180205
Chattanooga, TN 37402

bcbst-medicare.com

CONFIDENTIAL INFORMATION

BlueAdvantage PPOSM Part B Drug Prior Authorization 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 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.