



of Tennessee
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 P.O. Box 180205
 Chattanooga, TN 37402
 bcbst-medicare.com

CONFIDENTIAL INFORMATION

Medicare Advantage PPOSM

SNF/Inpatient Rehab Prior Authorization Fax Form

Member Name _____ Medicare Number _____

Member ID Number _____ DOB _____

Services requesting _____ Number Requesting _____

Diagnosis _____ ICD9 Code _____ DOS _____

Co-morbidities _____

Check all that apply: Alert and Oriented _____
 Willing and able to participate _____
 Follows commands _____

Plan of Treatment

>Speech _____
 >Occupational _____
 >Physical _____

Surgery Type _____ Surgery Date _____

Facility Name _____ Facility Number _____

NPI _____ Tax ID# (last 5 digits) _____

Address _____

Phone _____ Fax _____

Contact Person _____ Phone _____

Requesting Physician _____ Phone _____

Provider# _____ NPI _____ Tax ID# (last 5 digits) _____

Call In Prior Authorizations 1-800-924-7141
Fax In Prior Authorizations 1-888-535-5243 or 1-423-535-5243
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 returned within one business day.