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P.O. Box 180205  
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CONFIDENTIAL INFORMATION

## Medicare Advantage PPO<sup>SM</sup> 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 \_\_\_\_\_

NPI \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

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

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

Requesting Physician \_\_\_\_\_ Tax ID# (last 5 digits) \_\_\_\_\_

Requesting Physician Provider Number \_\_\_\_\_ NPI \_\_\_\_\_

**Call In Prior Authorization 1-800-924-7141**  
**Fax In Prior Authorization 1-888-535-5243 or 1-423-535-5243**  
**Medicare Advantage 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.