



1 Cameron Hill Circle
Chattanooga, TN 37402
bluecare.bcbst.com

BlueCareSM
TennCareSelect
CoverKids

Request for Out-of-Network Benefits

Extension of Service: Yes No

Referral #: _____

Member Name: _____

Member ID #: _____ D/O/B: _____

Primary Care Practitioner (PCP)

Referring Practitioner Name: _____ Provider ID#/NPI#: _____

Specialty: _____ Telephone: _____ Fax: _____

Non-Participating Practitioner or Facility

Name (Practitioner or Facility): _____

Provider ID#/NPI# and Tax ID# (REQUIRED): _____

Specialty: _____ Telephone: _____ Fax: _____

Address-Street: _____

City: _____ County: _____ ST: _____ ZIP: _____

PROVIDER MUST BE WILLING TO ACCEPT RATES FOR BLUECARE, TENNCARESELECT OR COVERKIDS

Hospital Name for outpatient, 23-hour or inpatient services: _____

Address: _____

If another Practitioner in the group or on-call Practitioner sees this Member instead of the original requested specialist, please submit that information via the Out-of-Network Benefit fax form. The information submitted on the claim must match the information in the BlueCross BlueShield of Tennessee system.

Member's Medical Information (Attach related records for services to be rendered)

Symptoms/Diagnoses (Use the most appropriate ICD-10 Codes): _____

Service/Procedures to be Provided
(Use the most appropriate CDT, CPT® or HCPCS Codes): _____

Office/Follow-Up Visit Inpatient Outpatient Procedure 23-Hour Observation Behavioral Health

Date(s) of Service: Emergency Room Dialysis Other: Explain: _____

Frequency/Duration of Services Requested (i.e., 2 times per week for 6 weeks): _____

Referral/Order Information: _____

Name and Contact Information of Person Completing the Form: _____

Additional Information Related to the Request: _____

Attach reason(s) why services cannot be provided by an IN-NETWORK facility and/or Practitioner. (Please be very specific. It must be noted if the Practitioner is a sub-specialist, pediatrician or travels to see the patient, or there's poor network adequacy, continuity of care, etc.)

Fax the request to 1-800-292-5311. ALL INFORMATION IS NECESSARY. Without all information requested, no prior authorization can be obtained. A reference number is not a confirmation of coverage of benefits. Available benefits remain subject to all contract terms, conditions, exclusions and to the patient's eligibility at the time services are rendered.