



An Independent Licensee of the
Blue Cross and Blue Shield Association

Birmingham Service Center
P.O. Box 10527 • Birmingham, AL 35201-0500
Fax 205-220-9560

INSTRUCTIONS: Please complete this form and attach as your cover sheet along with supporting documentation and clinical rationale for a predetermination review.

I. Patient Information

Patient Name (first/middle/last)

Contract Number

Date of Birth

II. Treating Provider Information

Provider Name

Phone Number

Fax
Number

Mailing Address

City

State

Zip

National Provider Identifier (NPI)

Tax ID
Number

Provider
ID Number

III. Medical, Surgical or DME Predetermination Information being Requested

[illegible]