BlueCare Tennessee

BlueCare℠ TennCare*Select*

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 OR TENNCARE*SELECT*

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 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. Itmust be noted if the Practitioner is a sub-specialist, pediatrician, travels to see patient, poor network adequacy, continuity of care, etc.)

Fax 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.**