

BlueCare Plus (HMO SNP)SM Observation Notification Fax Form

Member Name		DOB
Member ID Number		
Date of Admission to Facility		
Facility Name		
Facility Telephone Number		
Facility Address		
NPI Number	Tax ID# (the last 5 digits)	
Contact Person	Phone	Fax
Requesting Physician	NPI Number	
Requesting Physician Provider #	Tax ID# (the last 5 digits)	
Diagnosis		
CPT [®] Code	ICD9 Code	
ICD10 Code		

All Non-Urgent or Non-Emergent Out-of-Network Services require prior authorization.

Please fax to BlueCare Plus Utilization Management Department
upon completion of this form
Fax: 1-866-325-6698
Telephone: 1-866-789-6314