

**Review Request for
Medicare Advantage General Precertification
(Anthem Senior Advantage, Blue Medicare Access, Medicare Preferred)**

Complete this form and fax to 1-866-959-1537

☐ STANDARD Request ☐ EXPEDITED Request

Member Name:		Date of Birth:	
Insurance Identification Number:		Member Phone Number:	
Ordering Provider Name & Specialty:		Provider ID Number:	
Office Address:			
Office Phone Number:		Office Fax Number:	
Rendering Provider Name & Specialty:		Provider ID Number:	
Office Address:			
Office Phone Number:		Office Fax Number:	
Facility Name:		Facility ID Number:	
Facility Address:			
Date/Date Range of Service:		Place of Service: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation <input type="checkbox"/> Other: _____	
Service(s) Requested (CPT if known):			
Diagnosis (ICD-9 if known):			

PLEASE PROVIDE DESCRIPTION OF SERVICE (CPT/HCPCS codes) BEING REQUESTED:

PLEASE PROVIDE DESCRIPTION OF MEMBER CONDITION (ICD-9 codes) RELATED TO REQUEST:

PLEASE SUBMIT APPROPRIATE SUPPORTING CLINICAL INFORMATION WITH THIS FORM.

This request is being submitted:

☐ Pre-Claim

☐ Post-Claim. If checked, please attach the claim or indicate the claim number _____

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Name and Title of Provider or Provider Representative Completing Form and Attestation (Please Print)* Date

***The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

Submit all required clinical information at least three business days before the requested procedure to allow a thorough clinical analysis. For Institutional Admissions, all facilities must notify us within 24 hours or the next business day (whichever is earlier) after admission. In an urgent or emergent situation, the above time frames will be waived. Please provide notice to plan as soon as possible.

Hours of operation: 8am -5pm EST , Monday – Friday

Phone number: 1-866-797-9884 option 1

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