



## Predetermination Request

**THIS IS NOT AN APPEAL FORM AND CANNOT BE USED FOR VERIFICATION**

Please allow up to 30 days for your request to be processed. This form only applies to members insured with Blue Cross and Blue Shield of Oklahoma. For status of your request please contact Provider Customer Service at (800) 496-5774.

Please attach supporting documentation to facilitate your request, for example, the history & physical, letter of medical necessity, original photographs, etc. For additional requirements, please see our medical policy.  
This form **must be placed on top** of the information you are submitting.

Critical <input type="checkbox"/> (Check if service is listed below)	Other <input type="checkbox"/> (Check if service is not on the critical list)
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<b>Critical List:</b>	Cancer Related Treatment	Hyperbaric Oxygen Therapy	PET Scan
Bariatric Surgery Repair	Chemotherapy/Radiation	IMRT	Synagis
Breast MRI	E0935 CPM Device	IVIG	Transplants

**Mail to the Following Address or Fax to:**

<b>BCBSOK Members</b>	P.O. Box 3283, Tulsa, OK 74102-3283 Fax: (312) 946-3541
<b>Bluecard Members</b>	Please send your predetermination request directly to the member's home plan
<b>Federal Employee Program</b>	P.O. Box 3283, Tulsa, OK 74102-3283 Fax: (888) 368-3406
<b>BlueLincs HMO</b>	P.O. Box 3283, Tulsa, OK 74102-3283 Fax: (918) 549-2358

**Member/Patient Data:**

Identification Number: (Include the three-digit prefix)	Group #	
Member's Name		
Patient's Name	Anticipated Date of Service:	
Patient's Date of Birth		
Procedure Codes: (List primary first)		
Diagnostic Codes: (List primary first)		

Please check one of the boxes:  Left  Right  Bilateral  NA

Place of Treatment Please check one of the boxes:  Provider Office  Outpatient Facility  Inpatient Facility  Other

Please include any additional information regarding the predetermination in the space below.

**Provider Data:**

National Provider Identifier (NPI) Number(s)	Today's Date:	
Physician/Professional Provider Name		
Address		
Contact Person	Phone # ( )	Fax # ( )