



Fax to:
 Florida Blue Pre-Service Team
 1-877-219-9448

Mail to:
 Florida Blue
 P.O Box 1798
 Jacksonville 32231-0014

Protocol Exemption Form for use with most Commercial plans¹

I understand that in order for Florida Blue to review my request, they may need medical or other records or information. Accordingly, I authorize persons or entities that have any medical or other records or knowledge of me or my dependents² to release such information to Florida Blue in order for them to complete the review of my protocol exemption request. These persons or entities may include any:

1. Licensed physician
2. Medical practitioner
3. Hospital
4. Clinic or other medical or medically-related provider
5. Insurer
6. Employer
7. Other organization, institution or person

I specifically authorize the release of such records and/or information relevant to my request, including, as applicable, information associated with sensitive medical conditions or treatments, such as:

1. A positive test result for HIV infection
2. ARC
3. AIDS
4. Alcohol or drug dependency
5. Mental and nervous disorders

For help, please call the customer service number on back of your member ID card.

Date:	Patient or Parent/Legal Guardian Signature:
PLEASE PRINT CLEARLY AND COMPLETE ALL OF THE INFORMATION REQUESTED BELOW	
Patient's Last Name:	Patient's First Name:
Date of Birth:	Member/Contract Number (letters and numbers):
Street Address:	State and Zip Code:
Phone Number:	Employer (if applicable):
Group/Plan Number on ID Card:	Claim Number (If available):
Date of Service and Priority of Request (Urgent or Standard):	
Condition/Diagnosis (Use additional sheets, if necessary):	
Please describe in detail why Step Therapy protocol exemption should be allowed (why the member should not follow the current Florida Blue policy that specifies the order in which certain prescription drugs, medical procedure, or course of treatment are required). Supportive documentation and/or literature research is required. Use additional sheet(s) if necessary.	

Note: Correspondence will be sent directly to the benefit address we have on file for the member referenced in the protocol exemption request.

¹Non-ERISA ASO groups (ex: state and local government plans; along with church groups) are subject to Florida law and may use this Protocol Exemption request. This Protocol Exemption request is NOT available to ERISA ASO or FEP members.

²Dependents over 18 years of age must complete and sign this form if legally competent, otherwise their Legal Guardian must sign this form.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO and/or Truli for Health, which are affiliates of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue, Florida Blue HMO and Truli for Health do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identify, sexual orientation, or health status in the administration of their plans, including enrollment and benefit determinations

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
 Llame al 1-800-352-2583 (TTY: 1-877-955-8773)