

# Fax Cover Sheet for Medical Records



Your Health Solutions Partner

Complete this fax cover sheet and attach it to the completed Certificate of Medical Necessity (CMN) for the requested care or treatment with a copy of your medical records. All requests must be typed or completed electronically.

For any questions, please contact the Preservice Medical Review Department.

**Preservice Medical Review Department**  
Phone: 1-800-955-5692 | Option 3 | Option 8

## FAX NUMBERS:

**General/VPKR/VPSS: 1-877-219-9228**

**Rx: 1-904-905-9849**

**Transplant: 1-904-357-6331**

**Medicare Advantage, BlueMedicare, Medicare PPO: 1-904-301-1614**

**Medicare Advantage, Florida Blue Medicare Part B Rx: 1-904-357-6699**

**FEP Preservice Request: 1-866-441-1569**

**State Account Preservice Request: 1-866-441-1568**

**Authorization/Reference Number**

**Date:**

**Ref:** \_\_\_\_\_

\_\_\_\_\_

## PHYSICIAN INFORMATION/REQUESTING PROVIDER

**Physician Name:**

**Provider Number:**

**National Provider Identifier (NPI):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sender/Contact Name:**

**Phone:**

**Fax Number:**

\_\_\_\_\_

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## PATIENT INFORMATION

**Patient Name:**

**Date of Birth (mm/dd/yyyy):**

**Patient Policy Number:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Request Type:**     Standard     Expedited

**Expedited/Urgent Care:** Any request for medical care or treatment for which the time period for making a non-urgent care determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent lay person's judgment; or, in the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

**Notes:** The information in this document is confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law.

**Action:** If you are not the intended recipient or the individual responsible for delivering to the intended recipient, be advised that any use, dissemination, forwarding, or copying of this document is strictly prohibited. Notify the sender immediately by telephone and destroy this document immediately.

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