



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

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Outpatient Medical Prior Authorization Form

Please complete and fax to: (888) 641-5355

Please contact Pharmacy Operations with questions at (800) 366-7778

If the patient is a BCBSMA employee, please fax the form to: (617) 246-4013

Servicing Provider	Name: NPI Number:	Requesting Provider	Name: NPI Number:
Phone#		Phone#	
Fax#		Fax#	
Contact Person:		Contact Person:	
Patient Name:		DOB ___/___/___	Diagnosis:
Patient BCBSMA ID#			

Drug/Therapy:

Drug Name: _____ Dates of Service: ___/___/___ to ___/___/___

Dose: _____

Frequency: _____

Additional Clinical (including previous treatment failure):

Physician signature: _____ Date: _____