

Request for Pre-approval waiver to Tier 1 Benefit - Central Florida Health (CFH)

Send completed form to: Health Advocate

Phone: 866.695.8622

Fax: 610.941.4200

Form completed by: CFH Tier 1 Provider or other Referring Physician

Purpose: Request authorization to seek care in the BCBS network when not available from CFH "Tier 1" network. This form does not replace the plan's prior authorization requirements.

NOT TO BE USED FOR AN APPEAL

(For an appeal follow the Appeal Process as identified by Blue Cross Blue Shield)

TODAY'S DATE: _____

FROM: _____ **(Referring Physician)**

Referring Physician's Street Address: _____

City/State/Zip: _____ Telephone #: _____

Explanation of Service/Equipment Not Available within Central Florida Health:

Treatment for (diagnosis code optional): _____

Services needed (include any pre-testing and follow-up care): _____

Recommended BCBS Provider for treatment:

Physician Name and Telephone Number: _____

Facility or Group Practice Name: _____

Authorized Date(s) of Service: _____ to _____

Employee Name: _____ Soc. Sec. No.: _____

Patient Name: _____ Patient DOB: _____

Referring Physician Approval:

Physician Signature

Date

Print Name

Waiver to Tier 1 Benefit Determination:

APPROVED: _____ DENIED: _____ DATE: _____

Pre-approval to Tier 1 level of benefit shall authorize the Blue Cross Blue Shield to process the benefits described above for the patient identified above ("the covered individual") at the Tier 1 level of coverage under Central Florida Health Plan design. Pre-approval to Tier 1 level of benefit is not a guarantee of coverage. If pre-approval is granted, members need to seek coverage from an In-Network provider and verify that the services rendered are covered under their benefit plan to ensure payment of benefits.