Request for Pre-approval waiver to Tier 1 Benefit - Central Florida Health (CFH)
Send completed form to: CFH Exception Assistance Phone: (800) 830-1501 Fax: (803) 264-0222

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

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): _____

_____

_____

Will the Service requested be performed at a Central Florida Health facility: Yes or No

If no, please indicate where the Service will be rendered: _____

_____

Recommended BCBS Provider for treatment:

Physician Name: _____

Physician/Office Telephone Number: _____ Fax number: _____

Facility or Group Practice Name: _____

Authorized Date(s) of Service: _____ to _____

If date is unknown, indicate future date. (Note: All future dates must be within 60 days)

Policy Holder Name: _____ Policy #/SSN#: _____

Patient Name: _____ Patient DOB: _____

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.

Referring Physician Approval:

_____ _____ _____

Physician Signature Date Print Name

Waiver to Tier 1 Benefit Determination:

APPROVED: _____ DENIED: _____ DATE: _____

Revised 11/30/2018