BlueCross BlueShield Global Solutions℠

Out of Network Override Request Form

To be used for Behavioral Health Professional providers not contracted with the Blue Cross Blue Shield BlueCard network requesting approval/authorization for an Out of Network Override/Benefit Exception. Or to request an extension for a previously approved out of network request.

Complete the fields as applicable of this form and fax to 610 293 3529 or send by secure email to: customerservice@bcbsglobalsolutions.com. Only the fields in **bold** are required as part of this authorization.

Once we receive this form, the review of this request can take up to 3 business days to complete. We will notify you of the decision.

Prior Auth/Pre-Approval required for all out-of-network requests. Review will begin from date BCBS Global Solutions Insurance Services (BCBS Global Solutions) receives the request.

Who is requesting? ◯ Provider ◯ Patient/Member

If Patient/Member, I authorize BCBS Global Solutions Insurance Services to leave confidential information on my voicemail at the number(s) provided on the form below: ☐

Patient name (first, last)		**Date of Birth**	
Patient Member ID #		**Patient contact #**	
Patient street address			
City, State, Zip			
Is member currently residing at the above address? If no, provide details.			
Provider name (first, last)		Tax ID #	
Provider license #		NPI #	
Provider license (MD, PhD, LCSW, LMFT, etc.)		**Provider phone #**	
Provider street address		Provider fax #	
City, State, Zip			
Provider email address			
Date of first visit with this provider.		Date of last visit with this provider.	
Primary Diagnosis or description of diagnosis that is being treated		Procedure Billing Codes	
Telehealth: Yes/No		Session frequency	
Specialty and/or treatment modalities that will be provided to the patient.		Type of Service (Individual, Group, Family Therapy, Psych Testing, etc.)	
Rationale for Out of Network Request authorization (i.e., language, specialty clinical)			

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