



STANDARD MEDICAL PRE-AUTHORIZATION REQUEST FORM

(Fax completed form and supporting documentation to 1-617-897-0801.)

Sender Name: _____ Phone #: _____ Fax #: _____

Requesting Provider Name: _____ (Check One): PCP ___ Specialist ___

Patient/Member Name: _____ Member ID / SS#: _____

Date of Birth: _____ Other Insurance: _____

Servicing Provider Name: _____ Provider #: _____

Servicing Provider Address: _____ Phone #: _____ Fax #: _____

Check Type of Service Request	Add Missing Information for Requested Service	From/To Dates
Home Health Visits: <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Skilled Nursing	Number of Visits Requested:	
Outpatient: <input type="checkbox"/> Occupational Therapy Visits <input type="checkbox"/> Physical Therapy Visits <input type="checkbox"/> Speech Therapy Evaluation <input type="checkbox"/> Speech Therapy Visits	Number of Visits Requested:	
<input type="checkbox"/> Out-of-Network Specialist	Number of Visits Requested:	
<input type="checkbox"/> Obstetrical Prenatal Visits	Expected Date of Confinement:	
<input type="checkbox"/> Other (please insert text):	Number of Visits Requested:	

Diagnosis: _____ ICD-9: _____ ICD-9: _____

The authorization number you will receive from the BMC HealthNet Plan Pre-authorization Department is a reference number. It is not a guarantee of payment. Actual payment is based upon verification of medical necessity, verification that the service is a covered benefit, and eligibility of the member on the date of service. Submitting cost and pricing information on an authorization request does not guarantee payment at those rates. The Plan reimburses providers based on MassHealth rates unless otherwise specified in their agreement with the Plan.

Mailing Address: BMC HealthNet Plan – Pre-authorization Department, Two Copley Place, Suite 600, Boston, MA 02116
 Phone Numbers: Call the Provider Line at 1-800-900-1451 or 1-888-566-0008 and select the pre-authorization option.

(Revised 03/06)