

# Physician Peer-to-Peer Request Form

(for non-behavioral health cases)

**BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup>**

1. Check the category that applies to your request:

<input type="checkbox"/>	<b>All non-behavioral health facility inpatient admissions: Complete the form and fax it to 1-866-373-9468.</b>
<input type="checkbox"/>	<b>Non-behavioral health outpatient services — BCN HMO only: Complete the form and fax it to 1-866-373-9468.</b>
<input type="checkbox"/>	<b>Non-behavioral health outpatient services — BCN Advantage only: Complete the form and fax it to 1-866-522-7345.</b>

2. Complete every field below unless otherwise noted.
3. Enter N/A if the question does not apply to the request you're making.
4. Ensure that all information is legible.

**Incomplete and illegible submissions will be returned unprocessed.**

<b>Information about the request</b>	
<b>Date of submission:</b>	
<b>Name of person submitting the request:</b>	
<b>Phone number of person submitting the request, including area code:</b>	
<b>Service / procedure that requires discussion:</b>	
<b>Information about the member and subscriber</b>	
<b>Member's name:</b>	
<b>Member's date of birth:</b>	<b>Date of service:</b>
<b>Subscriber's ID / contract number:</b>	
<b>Case number / reference number:</b>	
<b>Information about the physician</b>	
<b>Name of physician requesting the peer-to-peer review:</b>	
<b>Phone number to call to conduct the peer-to-peer review with the physician:</b>	
<b>Alternate phone number to call to conduct the peer-to-peer review with the physician:</b>	