

Physician Peer-to-Peer Request Form

(for non-behavioral health cases)

For Blue Cross' PPO (commercial), Medicare Plus BlueSM PPO,
BCN HMOSM (commercial) and BCN AdvantageSM requests

1. Check the category that applies to your request:

For non-behavioral health facility inpatient admissions for all plans: Check one (below), then complete the form and fax it to 1-866-373-9468.

Check one: Patient is still in the facility. Patient has been discharged.

For non-behavioral health outpatient services for BCN HMO: Complete the form and fax it to 1-866-373-9468.

For non-behavioral health outpatient services for BCN Advantage: Complete the form and fax it to 1-866-522-7345.

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

Incomplete and illegible submissions will be returned unprocessed.

Information about the request	
Date of submission:	
Name of person submitting the request:	
Telephone number of person submitting the request, including area code:	
Inpatient admission or service / procedure that requires discussion:	
Information about the member and subscriber	
Member's name:	
Member's date of birth:	Date of service:
Subscriber's ID / contract number:	
Case number / reference number:	
Information about the physician	
Name of physician requesting the peer-to-peer review:	
Telephone number to call to conduct the peer-to-peer review with the physician:	
Fax number of person submitting the request, to provide confirmation of receipt:	
Alternate telephone number to call to conduct the peer-to-peer review with the physician:	
List three dates and times you're available for the peer-to-peer review:	
1.	
2.	
3.	