



BCN Criteria Request Form (for non-behavioral health cases) BCN HMOSM (commercial) and BCN AdvantageSM

To request the criteria used in making a determination on a specific authorization request, please do the following:

1. Complete every field below.
2. Fax the completed form to 1-866-373-9468.

Note: This applies to non-behavioral health requests only.

Date of request:	
Name of person submitting the request:	
Phone number of person submitting the request, including area code:	
Fax number for sending the criteria:	
Provider's name:	
Provider's NPI:	
Service / procedure that requires discussion, including applicable procedure codes:	
Member's name:	
Member's date of birth:	Date of service:
Subscriber's ID / contract number:	
Case number / reference number:	
What criteria is being requested?	