Blue Advantage
A Medicare Approved PPO

Skilled Nursing Facilty (SNF) Request

Fax number: **877-719-1610**

Utilize this form for SNF requests only.

For medical requests only send to: Post Office Box 362025, Birmingham, AL 35236

Section I: Requesting Physician and Facility Information

Physician First Name		Physician Last Name	
Physician Telephone Number	___ – ___ – ____	Physician Fax Number	___ – ___ – ____
Physician National Provider Identifier (NPI)		Physician Tax ID	
Facility Telephone Number	___ – ___ – ____	Facility Fax Number	___ – ___ – ____
Facility Name			
Facility Address		City	State / Zip
Office Contact Person		Office Contact Phone	___ – ___ – ____

Section II: Patient Information

Contract Number (Copy from the member's identification card.)	**Patient Date of Birth** (mm/dd/yyyy) __ – __ – ____
Patient First Name	Patient Last Name

Section III: Required Documentation

Please attach the following information:

• Clinical Rationale for your request • Supporting Medical Record/Information for your request.

Admission Date (mm/dd/yyyy) __ – __ – ____

Initial Review

☐ H&P/Progress notes ☐ Hospital discharge summary ☐ MD Order for SNF placement ☐ Skilled care need/Wound Care/IV antibiotics
☐ Medications/Current MD order ☐ Functional status/Weight-bearing status/Therapy notes ☐ Discharge plan from SNF ☐ Patient/Caregiver education

Continued Stay Requirements:

☐ Initial evaluation ☐ Most recent therapy notes ☐ Ongoing progress notes ☐ MAR's and MD Orders
☐ Anticipated or actual discharge date ☐ Discharge Plan

REASON FOR REQUEST AND DIAGNOSIS CODE

Diagnosis Code	

Reason for Request

Enrollment in Blue Advantage (PPO) depends on CMS contract renewal.