



BlueCross BlueShield of Mississippi

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.

INPATIENT MEDICAL/SURGICAL PRECERTIFICATION REQUEST

ATTENTION: Medical Management Department

Phone: 1-800-841-9659 or (601) 932-3704

Fax: 1-800-348-3804 or (601) 939-8467

Facility Name: _____

Reviewer Name and Title: _____

Reviewer Phone #: _____ Reviewer Fax #: _____

Patient Name: _____

Last

First

Middle

BCBSMS ID#: _____ DOB: _____

Admit Date: _____ Circle One: **Elective/Planned** or **Emergency/Unplanned**

Admitting/Attending Physician: _____

Admitting Diagnosis: _____

Chief Complaints/Signs & Symptoms: _____

Vital Signs & Physical Exam Findings: _____

Lab and Test Results/Pending Tests: _____

List any comorbidities of the patient and any other treatment for this diagnosis/complaint.

List any treatment received including therapies, medications or surgery and any planned treatment of the same.

CONFIDENTIALITY NOTICE:

This document including any attachments is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you have received this document and are not the intended recipient, please contact Blue Cross & Blue Shield of Mississippi immediately to arrange for the return of this confidential information.