



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.

Blue Cross & Blue Shield of Mississippi
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PRE-CERTIFICATION FORM FOR HOME INFUSION THERAPY

TO BE COMPLETED BY THE AGENCY PROVIDING SERVICE:

PATIENT'S NAME: _____ ID#: _____ DOB: _____

NAME OF AGENCY: _____ ADDRESS: _____

BCBS PROVIDER #: _____ PHONE #: _____ FAX #: _____

NAME OF PHYSICIAN: _____ PHONE #: _____

IS PATIENT CURRENTLY HOSPITALIZED? YES NO FACILITY NAME: _____

DATE THERAPY TO BE INITIATED: _____

AGENCY SIGNATURE: _____ DATE: _____

PRIMARY DIAGNOSIS: _____

DRUG/SOLUTION/NDC	DOSAGE	FREQUENCY	ROUTE (IVP, IVPB, CD, SQ) *	LENGTH OF THERAPY (# DOSES, DAYS, ETC.)

*IVP – Intravenous Push IVPB – Intravenous Piggyback CD – Continuous Drip or Infusion SQ – Subcutaneous

Physician Signature: _____ Date: _____

PER DIEM SERVICE CODE: _____

DRUG ALLOWANCE FOR: _____ IS CONTRACTED RATE.

OTHER COMMENTS: _____

NOTE: VERIFICATION OF BENEFITS/PRECERT OF SERVICES IS NOT A GUARANTEE OF PAYMENT OR THAT THIS COVERAGE WILL BE IN EFFECT AT THE TIME THE SERVICES ARE RENDERED.

_____ APPROVAL _____ RECERTIFICATION DATE _____ DISAPPROVED

BCBS RN SIGNATURE: _____