



Servicing Provider Change Request Form Medical Benefit Medications

Please fill out in this form completely to make changes to an existing prior authorization request for IV/injectable medications (medical benefits) and return to Drug Utilization Review & Prior Authorization at (844) 262-5611. This will ensure all required servicing provider information is changed on the prior authorization request.

If you need to change the servicing provider to a hospital outpatient facility for a site-of-service managed medication (medical benefit), please complete and fax a new prior authorization request to Drug Utilization Review & Prior Authorization at (844)-262-5611. You can easily download the form from Blue Shield’s Provider Connection website at blueshieldca.com/provider. No login is required.

To locate the form, visit Provider Connection and select *Authorizations* at the top of the page, then click *Authorization forms & list*. Select *Prior authorization forms for Blue Shield members* or *Prior authorization forms for Blue Shield Promise members*, then select the form you need.

Member Name	
Member ID Number	
Prior Authorization Number	
Servicing Provider Information	
Name of Servicing Provider/Organization	
Please select applicable type of servicing provider:	<input type="checkbox"/> Specialty Pharmacy <input type="checkbox"/> Home Infusion <input type="checkbox"/> Ambulatory infusion center <input type="checkbox"/> Hospital outpatient infusion center
Address of Servicing Provider/Organization	
National Provider Identifier (NPI)	
Phone number for Servicing Provider/Organization	
Fax number for Servicing Provider/Organization	
Please provide any additional pertinent information	