



**Federal Employee Program**

<b>Prior Authorization Request Form</b>		<b>Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer</b>	
<p align="center"><b>Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan</b>  <i>Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.</i></p>			
<b>Patient Information</b>			
Patient's Name:		Blue Cross Blue Shield ID Number: R	
Birth Date:		Patient's Phone Number:	
<b>Billing Provider Information</b>		<b>Ordering Physician/Provider Information</b>	
Name and Address:		<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:	
Tax ID Number:		Tax ID Number:	
Office Contact:		Office Contact:	
Phone: (    )		Phone: (    )	
Fax: (    )		Fax: (    )	
*Please enter all codes requested; "by report" codes must have a description of why the code is being used.*			
<b>ICD-10 CODE(S):</b>			
<b>CPT CODE(S):</b>			
<b>HCPCS CODE(S):</b>			
<b>PATIENT CLINICAL INFORMATION</b>			
<p><b>Please provide the following documentation:</b> Anticipated Date(s) of Service:</p> <ul style="list-style-type: none"> <li>• History and Physical</li> <li>• Progress Notes- indicating past and current treatment response(s) to date.</li> <li>• Pertinent Lab Results and/or Radiological Reports</li> </ul>			

View our Medical Policy on line at <http://www.fepblue.org/medical-policies.jsp>

<b>Fax Number: 1-855-895-3504</b>	<b>Phone Number: 1-800-633-4581</b>
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