



An Independent Licensee of the Blue Cross and Blue Shield Association

<p>Blue Cross and Blue Shield of AL 450 Riverchase Pky East Birmingham, AL 35244-2858</p>	<p>Fax form <u>with clinical information</u> to: (205) 220-6536 or (866) 218-6536</p>	<p>Benefit verification: 800-517-6425</p>
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Patient Name	Contract Number (including alpha prefix)
Date of birth	Work Telephone
Home Telephone	

<p>Diagnosis</p> <p>AXIS I _____</p> <p>AXIS II _____</p> <p>AXIS III _____</p> <p>AXIS IV _____</p> <p>AXIS V _____</p>
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Level of Care (circle one) PHP Residential	Anticipated Date of Admit	Estimated Length of Stay
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Attending Physician (First and Last)	Physician Tax ID
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Facility Name

Facility Address

Facility Tax ID Local BCBS participant: yes no

Please attach: ___ current history and physical ___ current psych evaluation ___ rationale for requested level of care with anticipated discharge plans ___ daily rate with exclusions ___ program schedule
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Financial Contact Person and Telephone Number

Contact Name	Date
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Contact Telephone Number	Contact Fax Number
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