brms™
Benefit & Risk Management Services

PRE-CERTIFICATION REQUEST FORM

All requests require current MEDICAL RECORDS to be submitted with this form filled out COMPLETELY in order to be considered for review

Phone: 800.368.0767 Secure Fax: 916-467-1403

Check one-(Retrospective) or (Prospective)review

REQUESTING PROVIDER INFORMATION	
DATE:	**CONTACT NAME**:
CONTACT PHONE: ( )	**CONTACT FAX:** ( )

PATIENT/ SUBSCRIBER INFORMATION	
PATIENT NAME:	**PATIENT DATE OF BIRTH**: / /
INSURED NAME:	**EMPLOYEE ID NUMBER** | | | | | | | | |
INSURED EMPLOYER:	**Patient Height:** **Weight:**
PATIENT PHONE/EMAIL ADDRESS:	

REQUESTED DIAGNOSIS/PROCEDURE INFORMATION						
DIAGNOSIS CODE(S) ICD-10	1.	2.	3.	4.	5.	6.
PROCEDURE CODE(S) CPT	1.	2.	3.	4.	5.	6.
DATE OF SERVICE : (if INPATIENT note the date of ADMISSION) / /			**For INPATIENT only- anticipated length of stay**			

All requests require current MEDICAL RECORDS to be submitted for review- requests received without supporting documentation will be returned and the review process will be delayed

Is this request related to an accident or an injury? (Check one) □ **YES** □ **NO**

Is the patient currently participating in a Clinical Trial? (Check one) □ **YES** □ **NO**

PHYSICIAN INFORMATION	
PHYSICIAN NAME:	**TAX ID:** | | | | | | | | |
ADDRESS:	
CITY: **ST:** **ZIP+4:** ___ ___ ___ __ __-__ __ __ __	**NPI:** | | | | | | | | | |

FACILITY INFORMATION	
HOSPITAL /FACILITY NAME: (place of service)	**TAX ID:** | | | | | | | | |
ADDRESS	
CITY: **ST:** **ZIP+4:** ___ ___ ___ __ __-__ __ __ __	**NPI:** | | | | | | | | | |

PLEASE CONTACT 888.326.2555 TO CONFIRM THAT THE PROVIDER AND FACILITY ARE IN NETWORK

Review determination is based on medical policy utilization and is a guide in evaluating the medical necessity of a particular service or treatment. BRMS adopts policies after careful review of published peer-reviewed scientific literature; national evidence based medical guidelines and local standards of practice. Since medical technology is constantly changing, BRMS reserves the right to review and update policies as appropriate