



# PRE-CERTIFICATION REQUEST FORM

**This request requires current medical records to be submitted, along with this form completed in its entirety. BRMS will not review this request, unless these requirements are fulfilled.**

## REQUESTING PROVIDER INFORMATION

Date of Request: \_\_\_\_\_ What type of review is being requested?  Retro  Prospective  
Contact/Provider Name: \_\_\_\_\_  
Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_  
Email of Provider Contact: \_\_\_\_\_

## SUBSCRIBER INFORMATION

Employer: \_\_\_\_\_ SSN or ID #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Phone #: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
Relation to Subscriber:  Self  Spouse  Son  Daughter  Other Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
Is this request related to an accident or injury?  No  Yes; Date of Injury: \_\_\_\_\_  
Is the patient currently participating in a clinical trial?  No  Yes; Name of Trial: \_\_\_\_\_

## PHYSICIAN INFORMATION

*If you need to confirm that the physician is in network, contact BRMS provider services at (888) 326-2555.*

Physician Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ NPI #: \_\_\_\_\_  
City, State and Zip+4: \_\_\_\_\_ *Tax ID # is required*

## FACILITY/HOSPITAL INFORMATION

*If you need to confirm that the facility/hospital is in network, contact BRMS provider services at (888) 326-2555.*

Facility/Hospital Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ NPI #: \_\_\_\_\_  
City, State and Zip+4: \_\_\_\_\_ *Tax ID # is required*

## REQUESTED DIAGNOSIS/PROCEDURE INFORMATION

Code Type	Code 1	Code 2	Code 3	Code 4	Code 5	Code 6
ICD-10 Diagnosis Code	_____	_____	_____	_____	_____	_____
CPT Procedure Code	_____	_____	_____	_____	_____	_____

Is the patient current an 'inpatient'?  No  Yes; Admission Date: \_\_\_\_\_

Discharge Date (if applicable): \_\_\_\_\_

Date of Service (if inpatient, note the date of admission): \_\_\_\_\_

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.

## FORM SUBMISSION & QUESTIONS

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