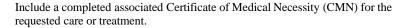
Fax Cover Sheet for Medical Records

All requests must be typed or completed electronically then printed and attached to this cover sheet with your medical records (do not write by hand.)





General/VPCR/VPSS: (877) 219-9448 **Preservice Medical Review Department** Rx: (904) 905-9849 Phone: (800) 955-5692 / Option 3 / Option 8 Transplant: (904) 357-6331 Medicare Advantage BlueMedicare SM, Medicare PPO: (904) 301-1614 FEP Preservice/VPCR Request Fax: (866) 441-1569 State Account Preservice/VPCR Request Fax: (866) 441-1568 Authorization/Reference Number Ref: Date (mm/dd/yyyy): Physician Information/Requesting Provider **Provider Number: Physician Name:** National Provider Identifier (NPI): **Sender/Contact Name:** Phone: Fax Number: **Patient Information Patient Name:** DOB (mm/dd/yyyy): **Patient Policy Number:** Request Type Standard Expedited/Urgent Expedited/Urgent Care - Any request for medical care or treatment for which the time period for making a non-urgent care determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent lay person's judgment; or, in the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to

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severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

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document immediately.