



STAT/ URGENT

Yes No

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 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: _____ *Tax ID # is required*

City, State and Zip+4: _____ *IN OFFICE Procedure* YES NO

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 _____ Treatment Plan/ Quantity _____

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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