brms

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

Subscriber Name: _____ SSN or ID #: _____

Employer: _____ 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. *Tax ID # is required*

Physician Name: _____ Tax ID #: _____

Street Address: _____ NPI #: _____

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. *Tax ID # is required*

Facility/Hospital Name: _____ Tax ID #: _____

Street Address: _____ NPI #: _____

City, State and Zip+4: _____

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	*QTY*	*QTY*	*QTY*	*QTY*	*QTY*	*QTY*

Inpatient ☐ Yes; ☐ No Admission Date: _____ Discharge Date *(if applicable)*: _____

Outpatient 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

PHONE: (800) 368-0767

SECURE FAX: (916) 467-1403

MAIL: BRMS
Attn: Care Management
80 Iron Point Cr., Suite 200
Folsom, CA 95630