

Complete this form to give Blue Cross and Blue Shield of Louisiana fax numbers for sending utilization management approval and denial letters. Care Management sends letters to servicing physicians and facilities.

LOCATION INFORMATION	
Group/Clinic Name	Tax ID Number
Approval Letter Fax Number	Denial Letter Fax Number
INDIVIDUAL PROVIDER INFORMATION (Report up to 10 individual providers per form)	
Provider Name	National Provider Identifier (NPI)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
SUBMISSION INFORMATION (Form completed by)	
Signature of Person Submitting Form	Submission Date
Printed Name of Person Submitting Form	Phone Number
RETURN INFORMATION	
Please return your completed Approval and Denial Fax Form in one of the following ways:	
Fax: 1-800-267-6547 Attn. Care Management Systems Team	Email: utilization.management@bcbsla.com

If you have any questions about this form, please email the Care Management Systems Team at utilization.management@bcbsla.com.