Florida Blue | MEDICARE

REQUEST FOR MEDICARE COVERAGE OF SERVICE DETERMINATION

This form may be sent to us by mail or fax:

Address:
4800 Deerwood Campus Parkway
Building 900 5th Floor
Jacksonville, FL 32246

Fax Number:
904-301-1614

You may also ask us for a coverage determination by phone at 1-800-955-5692 opt 1,4 & 6. TTY users can call 1-800-955-8770.

Who May Make a Request: Your prescriber may ask us for a coverage determination on your behalf. If you want another individual (such as a family member or friend) to make a request for you, that individual must be your authorized representative. Contact member services to learn how to name an authorized representative.

Enrollee's Information:

Enrollee's Name: Last First Click or tap here to enter text.		Date of Birth: Click or tap here to enter text.
Enrollee's Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	ZIP Code: Click or tap here to enter text.
Phone: Click or tap here to enter text.	Enrollee's Member ID: Click or tap here to enter text.	

Complete the following section ONLY if the person making this request is not the enrollee or prescriber:

Requestor's Name: Click or tap here to enter text.		
Requestor's Relationship to Enrollee: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	ZIP Code: Click or tap here to enter text.

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Phone: Click or tap here to enter text.

Representation documentation for request made by someone other than enrollee or the enrollee's prescriber:

Attach documentation showing the authority to represent the enrollee (a completed Authorization of Representative form CMS-1696 or a written equivalent). For more information on appointing a representative, contact your plan or 1-800-Medicare.

Description of Medical Problems	In the space below, please describe service requesting
Diagnosis: (related to authorization) Click or tap here to enter text.	Click or tap here to enter text.
Physician(s) Managing Care: Click or tap here to enter text.	
Physician's Office Phone Number: Click or tap here to enter text.	
Date of Most Recent Office Visit: Click or tap here to enter text.	
Medication/Procedure being requested for authorization: Click or tap here to enter text.	
Referring Primary Care Physician, if applicable (may be required for HMO): Click or tap here to enter text.	

***NOTE:** Requests that are subject to prior authorization (or any other utilization management requirement), may require supporting information (for example, a Physician order).

Services requiring a Prior Authorization can be located in your *Evidence of Coverage* at floridablue.com/medicare.

Signature of person requesting the coverage determination (the enrollee, or the enrollee's prescriber or representative): Click or tap here to enter text. Date:Click or tap to enter a date.