



Authorization Transfer Request

MEMBER INFORMATION

| | |
|--|-------------|
| Name of Person Completing Form: | |
| Contact Phone (A contact number by which a BCBSWY representative may reach you): | |
| Member Name: | |
| Member DOB: | Member UMI: |

PREVIOUS CARRIER

| | |
|--|-----------|
| Insurance Carrier who approved this authorization: | |
| Period approved by Previous Insurance Carrier | |
| Start Date: | End Date: |

PROCEDURE

| | |
|---|--|
| ICD-10 Code (Diagnosis Code): | |
| Procedure Code Approved (If medication is unspecified, please include the NDC (National Drug Code) number as well): | |
| Units Approved: | |

RENDERING PROVIDER (Physician performing the service)

| | |
|--|--|
| Name: | |
| NPI (National Provider Identifier): | |
| Phone Number: | Fax Number: |
| This is who we will call if we have questions. | This is how we notify the provider that this has been completed. |

RENDERING FACILITY (Clinic, Hospital, or Ambulatory Service Center where service is being received)

| | |
|--|--|
| Name: | |
| NPI (National Provider Identifier): | |
| Phone Number: | Fax Number: |
| This is who we will call if we have questions. | This is how we notify the provider that this has been completed. |

A copy of the approval notice from the previous carrier is required

WHAT'S NEXT | BCBSWY will review the request. Once all required documentation is received, BCBSWY will process the request within 14 calendar days. Members can check on this at any time by calling our Member Services Department at 1-800-442-2376. Providers can contact Provider Services at 1-888-359-6592. Once this is approved, the provider will receive a fax notification at the fax numbers submitted with the request and the member will receive an approval letter. If information requested is incomplete, you will receive a letter or fax outlining additional information needed.

FORM SUBMISSION INSTRUCTIONS

Providers | EITHER: Mail the completed form to Prior Authorization Department, Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003-2266 **OR** Fax it to (307) 432-2917.

Members | EITHER: Download the form, fill it out in the free Adobe Reader (get.adobe.com/reader), save it, then submit in the Message Center at YourWyoBlue.com (www.yourwyoblue.com/msg), following the directions below **OR** Mail the completed form to Prior Authorization Department, Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003-2266.

01 VISIT YourWyoBlue.com
Log in, go to the Message Center, and click on the **Contact Us** button near the bottom of the page.

02 Select Plan
Select the plan the form applies to from the list under **CONTACT US**.

03 Select Message Topic
Select **General - Other** as the Message Topic.

04 Add Comments
Include any message in the Questions & Comments box.

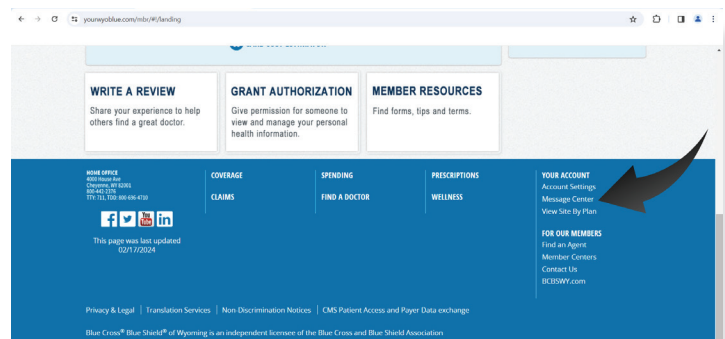
05 Attach Form
Click on the paperclip icon next to **Attach file** and attach the completed form from its location on your device.

06 Fill in Phone Info
Fill in the remaining information (phone, time to call, etc.)

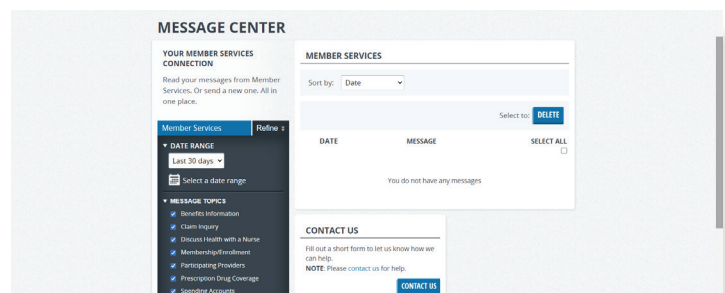
07 Submit Form
Click on the **SUBMIT** button to upload your saved form securely.

Submitting a Form in the Message Center

1. Click on the **CONTACT US** button near the bottom of the page.
2. Select the plan the form applies to from the list under **CONTACT US** panel.
3. Select **General–Other** as the Message Topic.
4. Include any message in the Questions & Comments box.
5. Click on the paperclip icon next to **Attach file** and attach the completed form from its location on your device.
6. Fill in the remaining information (*Phone number, *Best time to call, and *May we leave a message if you are not available?)
7. Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View