

SPECIALIST REQUEST FOR EXTENSION OF VISITS
(Specialist Office Use Only)

Please fax this completed form to BlueChoice HealthPlan at 800-610-5685. Allow two business days to return confirmation of authorization. Remember: Advantage Plus and Carolina Advantage (open access) members do not need referrals to specialists for routine office visits.

Your Name: _____

Practice's Name: _____

Practice's Phone: _____ **Practice's Fax:** _____

Total Number of Pages in Fax Including Cover Page: _____

Please tell us about the patient and the referral.

Patient's Name: _____

BlueChoice HealthPlan ID#: _____ **Date of Birth:** _____

Requesting Physician: _____ **Tax ID:** _____

Diagnosis:

Current Referral End Date: _____

Request Referral Extension Until the Following Date: _____

Reason(s) for Additional Visits: _____

Fax this form to BlueChoice HealthPlan at 800-610-5685

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Authorization #: _____ **New Date Range:** _____

Today's Date: _____ **BlueChoice HealthPlan Staff's Initials:** _____