



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

# MEDICAL FORMS RESOURCE CENTER

FOR HEALTH CLINICIANS

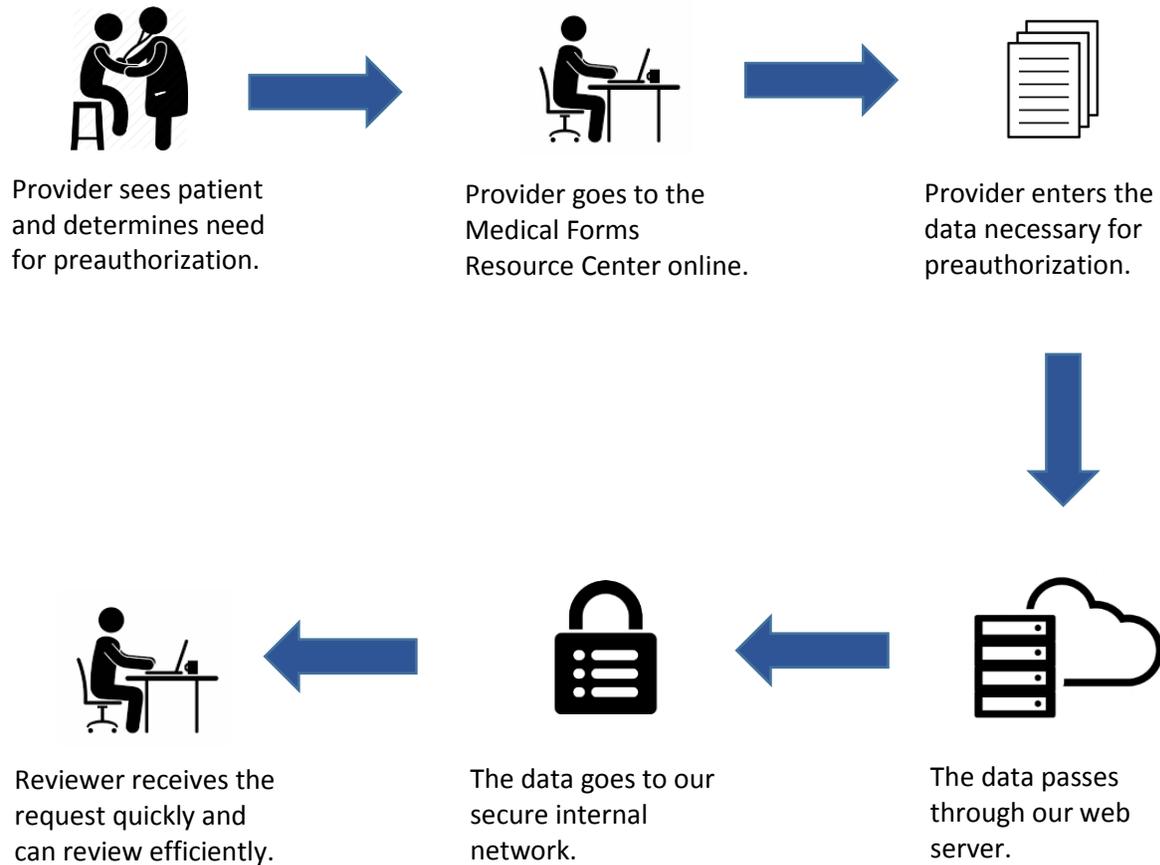
Wondering if the form you need is found within the Forms Resource Center?

[SEE A FULL LIST OF FORMS»](#)

GET STARTED >

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan are introducing the Medical Forms Resource Center (MFRC). The MFRC is a new online tool to allow you to submit your precertification requests for some services electronically. The system is fast and easy to use and ensures accuracy. It also cuts down on follow up calls as all the required information is outlined on the form.

# How Does it Work?



To use the MFRC, visit [www.formsresource.center](http://www.formsresource.center) or visit the Providers page of our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com). Under the Providers page of each site, go to the Education Center and choose Precertification.

When you submit an MFRC request, it goes through a server that has the highest security certificate available for secure communications. The information is transferred to our private network where it is inaccessible from the Internet.

The MFRC's one-way data transfer ensures the safety and privacy of the clinical information you submit to us. The MFRC can help you save time, cut down on miscommunication, prevent omissions, and ensure safe and accurate communication of your clinical data.

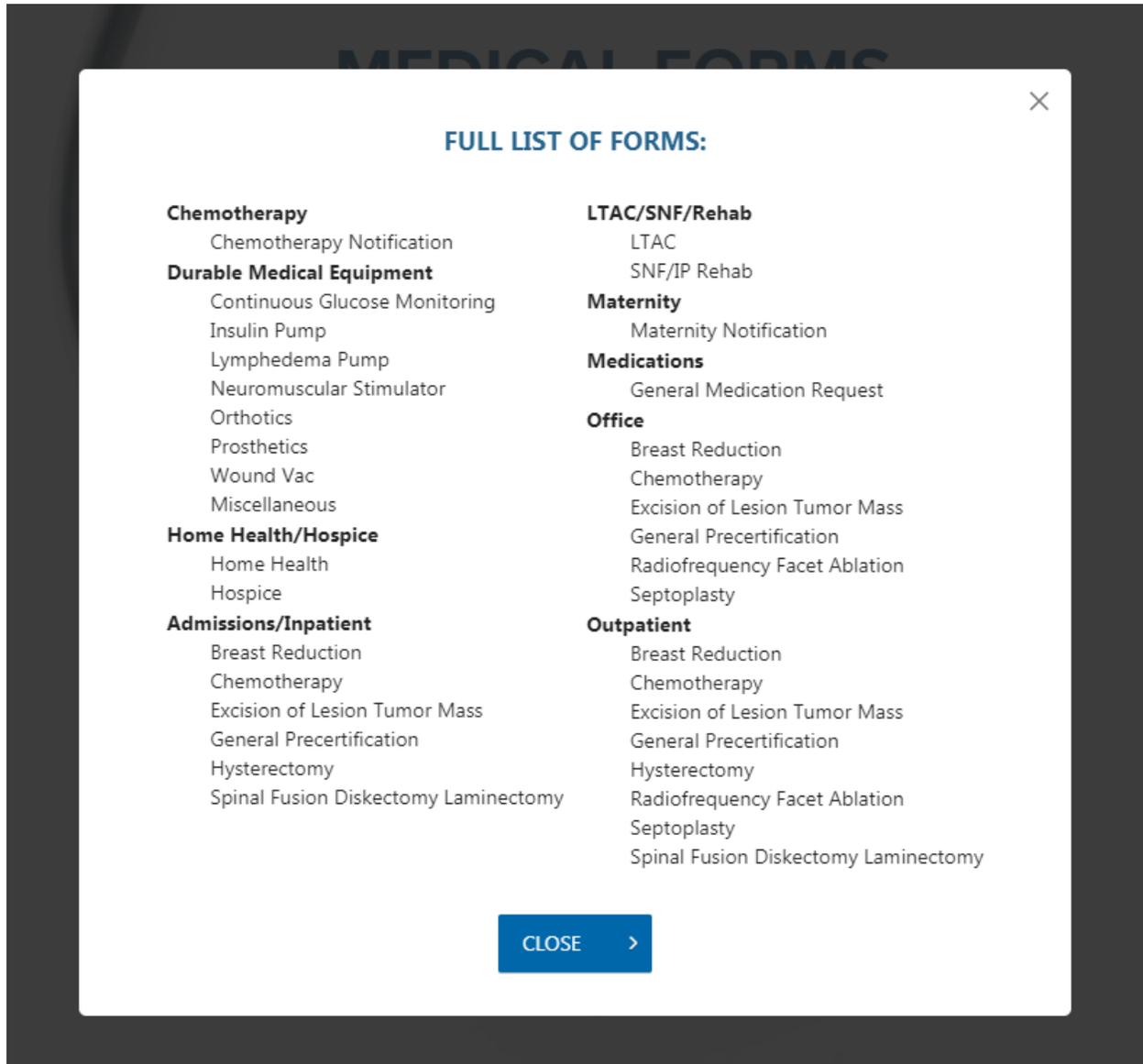
When you complete an MFRC request, you'll be prompted to provide clinical information specific to the selected service. This ensures we receive the minimum necessary information to process your request quickly and accurately.

The electronic format ensures that when we receive your data that it is clearly legible. This helps to prevent follow-up calls for faxes that didn't transmit or print properly.

Precertification requests submitted through the MFRC receive priority processing as well.

## Types of Services Available

MFRC allows you to initiate precertification requests for many services. To see the full list of the forms available, select SEE A FULL LIST OF FORMS on the home screen.



You can select General Precertification for services not listed or continue to use My Insurance Manager<sup>SM</sup>. More services will be added in the future.

Please note: if a plan requires precertification for any of these services through another benefit management partner or program (i.e., NIA Magellan, Avalon Healthcare Solutions, NovoLogix, etc.), you will need to obtain precertification through the appropriate benefit management partner.

MFRC requests can be completed in three easy steps — Facility and Patient information, Clinical Information and Request Specific Information.

## Step 1: Facility & Patient Information

Complete the required fields for the facility (or practice) and patient.

### MEDICAL FORMS RESOURCE CENTER

**STEP 1**  
FACILITY & PATIENT INFORMATION

**STEP 2**  
CLINICAL INFORMATION

**STEP 3**  
COMPLETE FORM

## Facility & Patient Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

### Facility Information

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Facility's Name*	<input type="text"/>
Attending MD First Name*	<input type="text"/>
Attending MD Last Name*	<input type="text"/>
Requesting MD First Name*	<input type="text"/>
Requesting MD Last Name*	<input type="text"/>
Phone*	<input type="text"/> <input type="text"/> <input type="text"/>
Fax*	<input type="text"/> <input type="text"/> <input type="text"/>
Facility's Tax I.D.*	<input type="text"/> ?
Facility's NPI*	<input type="text"/> ?

## Step 1: Facility & Patient Information (continued)

The Reporter Information is the contact information for the person submitting the request.

### Facility's Physical Address

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**Address 1\***

**Address 2**

**ZIP Code\***

**City\***

**State\***

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### Reporter Information

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**Name\***

**Organization\***

**Phone\***

**Fax\***

## Step 1: Facility & Patient Information (continued)

Complete the required fields and select the appropriate network based on the member's plan. This ensures the request is routed to the appropriate precertification reviewers. If the member's plan is neither BlueChoice® nor BlueEssentials<sup>SM</sup>, select Other Network.

### Patient Information

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**Patient First Name\***

**Patient Last Name\***

**Previous Last Name**

**Date of Birth\***  

**ID Card Number\***

**Member Network\*** Select One ▼

- Select One
- BlueChoice Health Plan
- ACA - Blue Essentials
- Other Network

**Phone\***

**Email**

**NEXT STEP** >

## Step 2: Clinical Information

Enter the date of service, the procedure and diagnosis codes, and select the type of service from the drop-down menu options. You can enter multiple procedure and diagnosis codes.

### MEDICAL FORMS RESOURCE CENTER

STEP 1  
FACILITY & PATIENT INFORMATION STEP 2  
CLINICAL INFORMATION STEP 3  
COMPLETE FORM

## Step 2 - Clinical Information

**Instructions:**  
Fields marked with an asterisk are required. The certification is not valid until you receive a certification number from us. All requests are subject to review. We may require additional documentation for some services. **Please print your request at the end of the submission process for your records.**

Begin Date of Service\*

End Date of Service\*

### CPT/HCPCS Codes

CPT/HCPCS Code\*

ADD ANOTHER +

### Diagnosis Codes

Diagnosis Code\*

ADD ANOTHER +

## Step 2: Clinical Information (continued)

Choose from one of the selections listed. Each expands and provides more choices and specific options.

**Type of Service**

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<b>Chemotherapy</b>	+
<b>Durable Medical Equipment</b>	+
<b>Home Health/Hospice</b>	+
<b>Admissions/Inpatient</b>	+
<b>LTAC/SNF/Rehab</b>	+
<b>Maternity</b>	+
<b>Medications</b>	+
<b>Office</b>	+
<b>Outpatient</b>	+

[< BACK](#) [NEXT >](#)

## Step 3: Complete Form

Step 3 will prompt you to provide key clinical information, specific to the service you've selected. You can do this by entering the information or copying and pasting it into the appropriate fields. Review the information for accuracy and submit.

Once you've completed the request, you'll have an opportunity to print a copy by choosing the Print this submission button on the last page. You can also save the documentation as a PDF. We highly recommend printing or saving this verification to a file so you have a reference of your submission. You will not have the ability to go back and view or print a copy of the information submitted.

### Other Important Information

- Once you've filled out the first screen, the next time you visit, your facility information will automatically fill the form, if your organization allows cookies.
- Use the Print this submission button to print or save a copy of the request.
- Once you've completed your submission, it can take 10 – 15 minutes for the information to enter our system.
- MFRC is one-way communication. You will not receive status or any other communication regarding your request through MFRC.
- MFRC requests pend for review and are given first priority.
- You can use My Insurance Manager to check the status of your request.
- You will receive approval or denial using existing processes.
- MFRC can be used for BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina members.