Blue Cross Medicare Advantage℠ Plan

<c/o Member Services>
<P.O. Box 4555>
<Scranton, PA 18505>

Member Name: <Member Full Name>
Member Address: <Member Full Address>
Request ID: <XXXXXXXX>

Date: <Month dd, yyyy>

Dear <Member First and Last Name>:

The following service(s)/procedure(s) have been approved as medically necessary:

Member Name:	<Member Full Name>
Date of Birth:	<Month-dd-yyyy>
Member ID:	<XXXXXXXXX>
Request ID:	<XXXXX-XXXX>
Physician:	<Attending Full Name>
Facility/Provider:	<Facility Name>
Treatment Setting:	<XXXXXXXXXX>
Onset of Service/Admission Date:	<Month-dd-yyyy>
Total Days/Units of Service:	<XXX>
Service Procedure Code/Description:	<XXXXXX – XXXXXXXXXXXXXXXXXXXX>

Begin Date	End Date	Days/Units Approved
<MM/DD/YYYY>	<MM/DD/YYYY>	<XXX>

Please contact <Blue Cross Medicare Advantage SM Plan>at <1-877-774-8592 (individual) /1-877-299-1008 (employer group) /1-877-688-1813 (DSNP NM)/1-877-895-6437 (DSNP TX)>prior to the above listed expiration date if an additional review of benefits is needed for further days/units of service. TTY users should call <711>. If you are calling from April 1through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays>.

Blue Cross Medicare Advantage Plan must also be notified if any of the following occur:

- The treatment plan or level of care is changed.
- The ordering physician or facility is changed from that noted above.
- The date of service is changed or cancelled.

This authorization is not a guarantee that benefits will be paid. The purpose of this review is only to assess whether the services meet the medical necessity requirement of your Blue Cross Medicare Advantage Plan. Payment is subject to benefits and contract provisions/limitations.

Please contact us for questions related to this review. This same information has also been sent to the physician and facility/provider.

Sincerely,

<Blue Cross Medicare Advantage Plan>

cc: <Attending Physician/Provider Name>
<Attending Address>
<Attending City, Provider State Provider Zip Code>

<Facility Name>
<Facility Address>
<Facility City, Facility State Facility Zip Code>

<Primary Care Physician Full Name>
<Primary Care Physician Address>
<Primary Care Physician City, Primary Care Physician State Primary Care Physician Zip Code>

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>