



# Request for Verification

Please complete this form in its entirety. Any omitted fields (other than the optional information) will result in this request being incomplete and unable to be processed.

Date of Request: \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient ID number: \_\_\_\_\_ (HMO = 11 digits, all other 9 digits)

Patient date of birth: \_\_\_\_\_

Name of enrollee or subscriber: \_\_\_\_\_

Enrollee or Subscriber ID number: \_\_\_\_\_

Patient relationship to Enrollee or Subscriber (check one):    Self    Spouse    Child    Grandchild    Other

Presumptive diagnosis: \_\_\_\_\_ or presenting symptoms: \_\_\_\_\_

Procedure code(s): \_\_\_\_\_ or description of proposed procedure(s): \_\_\_\_\_

Place of service (if other than provider's office or location, name of Hospital or Facility where proposed services will be provided):  
\_\_\_\_\_

Proposed date(s) of service: \_\_\_\_\_ - \_\_\_\_\_

Group number: \_\_\_\_\_

If known to the provider, name and contact information of any other carriers:

- a) Carrier's name: \_\_\_\_\_
- b) Carrier's address: \_\_\_\_\_
- c) Carrier's telephone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_
- d) Name of enrollee: \_\_\_\_\_
- e) Plan or ID number: \_\_\_\_\_
- f) Group number: \_\_\_\_\_
- g) Group name: \_\_\_\_\_

Name of provider providing the proposed service: \_\_\_\_\_

Please provide the following additional information in order to expedite your request:

National Provider Identifier (NPI) Number(s): \_\_\_\_\_

If already obtained, precertification and/or referral number for proposed services: \_\_\_\_\_

Please mail completed form to the following address:

**BCBSTX or HMO Blue Texas  
Request for Verification  
P.O. Box 833908  
Richardson, Texas 75083**

Upon completion of processing, written requests for verification will receive a written notice via U.S. Mail.

\*Written requests for verification will only be accepted at this designated P.O. Box address. Verification requests mailed to any other address will not be accepted. In addition, this P.O. Box may not be used for claims filing or any other correspondence.