



Utilization Management Approval and Denial Fax Form

Please use this form to notify Blue Cross and Blue Shield of Louisiana's Care Management Systems Team of your correct fax number. This ensures we are sending Utilization Management Approval and Denial letters to the correct place in a timely, efficient manner.

Provider Name	Clinic Name
Tax ID	NPI
Approval Letter Fax Number	
Denial Letter Fax Number	
Name of person completing this form	Phone Number
Signature of person completing this form	Date

Please fax your completed form to:



1-800-267-6547

ATTN: Care Management
Systems Team

If you have any questions about this form, please email Provider Relations at provider.relations@bcbsla.com.