

Home Infusion Therapy Extension Request Form

Infusion Therapy Provider	Provider Phone Number	Agency Contact Name
Infusion Therapy Provider Address	Provider Fax Number	Date of Request
	Provider ID Number	Start of Care (SOC) Date

Patient Last Name	First Name	M.I.	Gender	Date of Birth
Member Group Name	Member Group Number	Member ID Number w/Prefix		
Name of Contact Holder	Relationship to Contract Holder <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> other			
Diagnosis & Code(s)	Next Scheduled Medical Doctor Appointment	Member/Caregiver instructed on infusion administration <input type="checkbox"/> YES <input type="checkbox"/> NO		
Continued Services Requested/Frequency (visits per day, week, month) Home Infusion Services _____				
Progress Report				
Physician's Instructions for Continued Treatment				

INTERNAL OFFICE USE ONLY	
Certification Number	Date

IMPORTANT, PLEASE READ:

1. Claims submitted for these benefits are subject to lifetime benefit maximums and any applicable deductions, coinsurances or provisions, as specified in the member's contract. Benefits issued for requested services will be subtracted from the member's lifetime benefit maximum. Benefit approval is subject to the following conditions a) member identification number is effective at the time services are rendered; b) requested benefits are available under the member's contract; c) lifetime benefits not exhausted.
2. Please contact the appropriate provider service area to verify member's eligibility and benefits for requested services.
3. Claims payment for approved services does not indicate payment for future services. All future claims will be evaluated in accordance with the aforementioned benefit approval conditions and the CareFirst and/or CareFirst BlueChoice utilization management review process.
4. If you have any questions regarding the extent of this authorization, please contact (800) 334- 3427 ext. 4002. Calls will be returned within one business day.

Please fax completed form to Fax completed form to (410) 720- 5630 or (410) 720- 5641.