



**BlueCross BlueShield  
of Vermont**

*Independent Licensees of the Blue Cross and Blue Shield Association.*



# Inpatient Pre-certification Request Form

If you have any questions regarding the required information, please contact us at 1-800-922-8778, Option 1.

## SECTION 1: Patient Information

NAME (last, first):	TELEPHONE NUMBER:
ALPHA PREFIX and CERTIFICATE NUMBER:	

## SECTION 2: Admitting Provider and Facility Information

NAME (last, first, degree) OF ADMITTING PROVIDER:	TELEPHONE NUMBER: ( )	BCBSVT PROVIDER # OR NPI:
NAME OF FACILITY THAT WILL RENDER SERVICE(S):	TELEPHONE NUMBER: ( )	BCBSVT PROVIDER # OR NPI:

## SECTION 3: Clinical Information

DATE OF ADMISSION:	ANTICIPATED LENGTH OF STAY:
ADMITTING DIAGNOSIS:	
SCHEDULED PROCEDURE:	
PAST MEDICAL HISTORY/CO-MORBID CONDITIONS:	

## SECTION 4: Contact Information

NAME OF PERSON TO CONTACT REGARDING THIS FORM:	TELEPHONE NUMBER:
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Please FAX completed forms to 802-371-3757