



Authorization Transfer Request

MEMBER INFORMATION

Name of Person Completing Form:

Contact Phone (A contact number by which a BCBSWY representative may reach you):

Member Name:

Member DOB:

Member UMI:

PREVIOUS CARRIER

Insurance Carrier who approved this authorization:

Period approved by Previous Insurance Carrier

Start Date:

End Date:

PROCEDURE

ICD-10 Code (Diagnosis Code):

Procedure Code Approved (If medication is unspecified, please include the NDC (National Drug Code) number as well):

Units Approved:

RENDERING PROVIDER (Physician performing the service)

Name:

NPI (National Provider Identifier):

Phone Number:

This is who we will call if we have questions.

Fax Number:

This is how we notify the provider that this has been completed.

RENDERING FACILITY (Clinic, Hospital, or Ambulatory Service Center where service is being received)

Name:

NPI (National Provider Identifier):

Phone Number:

This is who we will call if we have questions.

Fax Number:

This is how we notify the provider that this has been completed.

A copy of the approval notice from the previous carrier is required

WHAT'S NEXT | BCBSWY will review the request. Once all required documentation is received, BCBSWY will process the request within 14 calendar days. Members can check on this at any time by calling our Member Services Department at 1-800-442-2376. Providers can contact Provider Services at 1-888-359-6592. Once this is approved, the provider will receive a fax notification at the fax numbers submitted with the request and the member will receive an approval letter. If information requested is incomplete, you will receive a letter or fax outlining additional information needed.

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL – Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL – Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD – Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1
Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2
Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3
Select General–Other as the **Topic**.

STEP 4
Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5
Type any message in the **Message** box.

STEP 6
Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7
Click on the **Send** button to send your message and upload your saved form securely.

