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**REGENCE BLUESHIELD EMPLOYEES
SELECTIONS MEMBERS
DO NOT USE FOR BOEING MEMBERS**

**OUTPATIENT MENTAL HEALTH AND ALL LEVELS OF CHEMICAL DEPENDENCY
TREATMENT**

**WITHIN 3 DAYS OF FIRST VISIT
FAX TO: 1 (888) 606-6624**

To verify benefits and eligibility call Regence BlueShield: 1 (800) 517-5757.

Provider Name: _____ Rider/TIN # _____

Phone Number of Provider: (_____) _____ - _____ Fax: (_____) _____ - _____

Patient Name:

Member Identification Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Numeric Diagnosis Code(s): _____, _____, _____

Start Date of Request : _____ - _____ - _____

CPT codes you may use: ____ 90801, ____ 90806, ____ 90862, ____ 90805, ____ 90807, ____ 90853
____ 90846, ____ 90847, ____ 96101, ____ 96102, ____ 96103, ____ 96118, ____ 96119, ____ 96120

Additional CPT codes you may use: _____, _____, _____, _____, _____

Revenue code for CD-IOP or Res: ____ 0906 ____ 0128

TO BE COMPLETED BY REGENCE BLUESHIELD AND FAXED BACK TO PROVIDER

Loaded by: _____ Phone Number: _____

Request Number: _____ End date of Request: _____

Unable to Load Request:

Any services provided beyond the scope or the end date of this referral may not be covered by the Plan. This referral is not a guarantee of payment. All services are subject to the patient's eligibility and contract benefits.