

FYI:
CAT



BlueCross BlueShield
of New Mexico

CATASTROPHIC PETITION REQUEST

Hospital Name: _____

Patient Name: _____

Certificate Number: _____ Group Number: _____

Claim Number: _____

Date of Admission: _____ Date Mailed: _____

Contact Name/Number: _____

Instructions:

Please complete the section above with the appropriate facility and claim information requested and forward this form with the elements of the patient's medical record listed below to the following address:

**Blue Cross and Blue Shield of New Mexico
Attn: Catastrophic Review Department
4373 Alexander NE
Albuquerque, New Mexico 87107**

Required Medical Record Element Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Completed Original Print of UB-04 | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Itemized Statement of Charges for Entire Stay | <input type="checkbox"/> Emergency Room Records if indicated |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Operative Notes if indicated |
| <input type="checkbox"/> Admit and Discharge Summary | <input type="checkbox"/> Implant Invoices if indicated |
| <input type="checkbox"/> MD Orders | |

If additional documents are required they will be requested

Comments: _____

August 5, 2009