



Provider must call BCBSOK at 800-672-2378 to check the member's benefits. Print and fax the completed form to BCBSOK at 877-361-7660.

Request Submission Date: _____

Check One [] Initial Request [] Follow Up Request

Patient and Member Information Patient Name Patient Date of Birth Subscriber Name Subscriber ID Group

Provider Information (Individual and/or Group) Treating Provider/MD Name Professional Licensure Address City State Zip Email Address Contact Name Phone NPI Requested Service Dates CPT Code(s) - Number of Sessions: 90867 - ; 90868 -

Clinical Information: Date of depression onset Manufacturer of TMS equipment

1. Current ICD-10 Diagnosis Code DX Name Specifier 2. Trials of failed antidepressants (minimum of four) with its classification (i.e. SSRI, SNRI, TCA, MAOI, Other) Medication Name Maximum Dose Class Med Trial Dates 3. Currently or previously in psychotherapy known to effectively treat major depressive disorder? (Please check all that apply) 4. National Standardized Rating Scales being administered weekly during treatment? 5. Are any of the following conditions present?

Signature _____ Date _____

