



Authorization Code Request Form



**Complete this form and return with cover sheet to receive authorization for BCN services.**

Authorization Fax Lines: Toll Free: 1-866-297-6814 Local: (803) 545-4298

Authorization Phone Numbers: Toll Free: 1-866-297-6813 Local: (803) 545-4402

Provider Code: \_\_\_\_\_

Name of person requesting PA code: \_\_\_\_\_

Return PA codes to the provider by:  ZIXmail (Encrypted e-mail) E-mail address: \_\_\_\_\_

Return Fax Number: \_\_\_\_\_

Chart #					
Date of Service					
First Name					
Last Name					
Date of Birth					
Social Security Number					
Insurance Status	<input type="checkbox"/> No Insurance <input type="checkbox"/> Hospital Only				
Family Income	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Family Size					

**Confidentiality Notice**

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