



Family Planning Authorization- Fax Cover Sheet

DATE:	
Member Name:	Member ID:

Sterilization	
Date Member Signed MA31:	
Hospital:	
Doctor/Practice:	NPI:
Date of Procedure:	Procedure Code:
EDC or Date of Scheduled Delivery:	Procedure Code:

Pregnancy Termination	
Hospital:	
Doctor/Practice	NPI:
Date of Procedure:	Procedure Code
Diagnosis:	Diagnosis Code:
Gestational Age:	

Contact Name:	Phone Number:
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How would you like to receive your authorization or denial notification?
If via secure Email, Email address:
If via Fax, Fax number:

Please include all appropriate documentation (i.e. forms MA31, MA3, MA368/369)

Please Fax this form to Highmark Wholecare at (833) 559-2857

If you have questions, please call Highmark Wholecare family planning authorization team at (800) 532-9465

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 17 counties in northeastern Pennsylvania, 13 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.