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## Request For Medicare Service Coverage

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This form can be used to submit information to Mass General Brigham Health Plan to help determine service coverage or Part B medical service drug coverage if the drug is found on [this list](#). Please **attach clinical information** to support medical necessity and submit by mail or fax.

For coverage of drugs **not found** on the list above, use one of the other resources found [here](#).

### Enrollee's/Requestor's Information

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Enrollee's Name

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Enrollee's Date of Birth

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Enrollee's Phone Number

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Enrollee's Mass General Brigham Health Plan ID

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Requestor's Name (if not enrollee)

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Requestor's relationship to Enrollee (submit [completed form](#) that shows authority to represent enrollee, if other than ordering physician)

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Enrollee/Requestor's Address

City

State

Zip Code

**Name of service or Part B specialty medication you are requesting:**

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### Ordering Physician's Information

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Physician's Name

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NPI Number

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Office or Hospital Name

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Provider's Address

City

State

Zip Code

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Phone

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Fax

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Office Contact Person

**Additional information we should consider (attach any supporting documents):**

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If you, or your ordering physician, believe that waiting for a standard decision (which will be provided within 14 days) could seriously harm your life or health or ability to regain maximum function, you can ask for an expedited (fast) decision. If your ordering physician asks for a faster decision for you or supports you in asking for one by stating (in writing or in a telephone call to us) that he or she agrees that waiting 14 days could seriously harm your life or health or ability to regain maximum function, we will give you a decision within 72 hours. If you do not obtain your physician's support, we will decide if your health condition requires a fast decision.

I need an expedited coverage determination (attach physician's supporting statement, if applicable)

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Beneficiary/Requestor's Signature

Date

For your convenience, you may submit your request by mail or fax:

**Mail:** Mass General Brigham Health Plan  
Attn: UM Prior Auth Department  
399 Revolution Drive  
Suite 850  
Somerville, MA 02145

**Fax:** 617-526-1913

If you have questions, please contact Mass General Brigham Health Plan Customer Service at 855-833-3668 (TTY users may dial 711), from October 1 – March 31, call seven days a week, 8 am–8 pm Eastern Time. From April 1 – September 30, Monday – Friday, 8 am–8 pm.