



3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112
 Phone 405-717-8879 or 800-543-6044, ext. 8879
 Fax 405-949-5459 or 405-949-5501

BRCA REQUEST

This form must be completed and accompany all requests. Incomplete forms will not be reviewed.

Requesting provider _____ Contact person _____
 Phone _____ Fax _____

Servicing Facility Information

Facility name _____
 Address _____
 TIN _____ Contact person _____
 Phone _____ Fax _____
 Member _____ Member ID _____
 Patient _____ DOB _____
 Male Female Collection date _____
 ICD code(s) _____ CPT code(s) requested _____
 Beginning date of service _____ Ending date of service _____

ANCESTRY: Western/Northern Europe Central/Eastern Europe Africa Near East/Middle East Ashkenazi
 Latin American/Caribbean Asia Native American Other _____

PATIENT PERSONAL HISTORY OF CANCER (Check all that apply)

- NO PERSONAL HISTORY OF CANCER
- BREAST, INVASIVE/AGE AT Dx _____
 - Bilateral Premenopausal Triple Negative (ER-, PR-, HER2- pathology)
- BREAST, DCIS/AGE AT Dx _____
 - Bilateral Premenopausal Triple Negative (ER-, PR-, HER2- pathology)
- OVARIAN/AGE AT Dx _____
- OTHER _____ AGE AT Dx _____
- BONE MARROW TRANSPLANT RECIPIENT

FAMILY HISTORY OF CANCER (Please indicate relationship, maternal or paternal, site of the cancer, and age at diagnosis. Indicate if bilateral, premenopausal, or triple negative breast cancer.)

NO KNOWN FAMILY HISTORY

RELATIONSHIP	MATERNAL	PATERNAL	CANCER SITE	AGE AT Dx
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

****All information is required for review. Information provided is private and confidential.****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the Medicare supplement insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.