

## AT&T CarePlus Recommendation Form Childbirth Classes

AT&T CarePlus – A Supplemental Medical Program is an optional supplemental program designed to cover expenses for certain approved procedures not covered under the patient’s medical program. To obtain benefits under CarePlus, participants must obtain prior approval. If prior approval is not obtained, no benefits will be payable.

We have received a request for coverage for Childbirth Classes under your Extended CarePlus Program for the participant listed below. To begin the prior approval process, please complete the below form along with your doctor and service provider.

<b>Member Name</b>									
Member’s Last Name	First	Middle	Member ID						
Mailing Address	City	State/Zip Code	Phone No.						
Please indicate primary medical insurance: UNITEDHealthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Other <input type="checkbox"/> Please specify									
<b>Patient Information</b>									
Member’s Last Name	First	Middle	Relationship						
Street Address	City	State/Zip Code	Phone No.						
<b>Physician/Provider Information</b>									
Physician’s Name/Address/Phone Number									
Physician’s Name/Signature									
<p><b>Preliminary request for information:</b>            Effective 1/1/2018 your CarePlus program provides coverage for Childbirth Classes such as Lamaze. The class that you enroll in must be offered through a Hospital, Physician’s office, or other Medical Care Facility. In order to receive your approval, please provide confirmation of your class enrollment. Once your classes have been completed, you may use the CarePlus Claim Form Cover Sheet to submit the itemized bill for reimbursement.</p>									
<p>A complete list of procedures and requirements can be found in your CarePlus SPD.            Use the Quick Links tile at <a href="https://careplus.att.com/">https://careplus.att.com/</a></p>									
<div style="border: 2px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>Mail or fax completed form and all supporting documentation to:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"><b>Mail to:</b></td> <td style="width: 33%; vertical-align: top; text-align: center;"><b>OR:</b></td> <td style="width: 33%; vertical-align: top;"><b>Fax to:</b></td> </tr> <tr> <td style="vertical-align: top;">AT&amp;T CarePlus Program PO Box 30886 Salt Lake City, UT 84130</td> <td style="vertical-align: top; text-align: center;"></td> <td style="vertical-align: top; text-align: center;">(888) 369-0957</td> </tr> </table> </div>				<b>Mail to:</b>	<b>OR:</b>	<b>Fax to:</b>	AT&T CarePlus Program PO Box 30886 Salt Lake City, UT 84130		(888) 369-0957
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