

Gold Card Prior Authorization Program Provider Eligibility Form



An Independent Licensee of the Blue Cross Blue Shield Association

To check provider eligibility for our Gold Card Program, please complete and email this form to the AZ Blue Gold Card team at goldcard@azblue.com.

PROVIDER INFORMATION	First	Middle	Last
	Provider NPI	Tax ID	Group Name
ADDRESS	Street Address 1		
	Street Address 2		
	City	State	ZIP Code

SAVE and send this form to AZ Blue at goldcard@azblue.com.

For more information about our Gold Card program, visit azblue.com/goldcard.