



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage Specialty Referral

(Use only for IN-NETWORK Referrals)

(To request OUT-OF-NETWORK referrals, use the OON Referral Form)

Attn. Member: This authorizes the following specialist to forward to your Primary Care Physician medical information to assist with coordination and continuity of your care.

Member Name: _____ **ID#:** _____

In-Network Specialist: _____

Reason for Referral: _____

Restrictions: _____

Date Span: _____ **to** _____ **Number of Visits** _____

PCP Name: _____

(Print Name)

(Signature)

(Date)

National Provider Identifier# _____

***Specialist should indicate the NPI# in field 23 on the HCFA 1500 claim form or field 2310A on the electronic claim.**



Specialty referral services are subject to member eligibility and the benefits available through the Member's plan, therefore, this referral should not be considered a guarantee of payment.

IMPORTANT INFORMATION FOR THE PHYSICIAN AND MEMBER

- The member is ultimately responsible to verify the specialist listed above is participating with their applicable network or health plan. Verification can be obtained by contacting Customer Service. This referral is not a guarantee for claims payment.
- **SPECIALIST:** Please submit to the referring Primary Care Physician a summary of findings to include diagnosis(es) and test results, medications and other treatment plans to assist in the continuity and coordination of care. **Please contact the PCP if additional referrals are recommended.**
- Information regarding this process is available in the Health Advantage Provider Manual or you may contact Customer Service in the Regional Office.
- OUT-OF-NETWORK REFERRALS REQUIRE REVIEW AND APPROVAL FOR BENEFIT AUTHORIZATION. **FOR OON REFERRALS, PLEASE USE THE OUT-OF-NETWORK REFERRAL REQUEST FORM. FAX OUT-OF-NETWORK REQUESTS TO (501)378-6647.**
- To verify eligibility and benefits, please have the Member's ID number ready when you call the Customer Service number on the Member's ID card.