

Oscar: Out Of Network Request eForm

This electronic form is to be used for providers to submit an out-of-network authorization request to provide care for our members on a pre-service basis. Please do not use this form for emergent admissions.

Alternatively, you may utilize the paper authorization request form downloadable on hioscar.com/forms, or call our Utilization Management team at (855) 672-2755 to submit for authorization.

Please Note:

1. It is important that all information is filled out so that the authorization process isn't delayed. If any required information is omitted, you may be asked to re-submit your request.
2. If you are requesting authorization for a member with EPO or HMO coverage, your request may be denied if Oscar has providers in our network who can treat our member. Please encourage your patient to seek in-network care prior to submitting for out-of-network authorization on their behalf. All out-of-network services for members with an EPO or HMO plan require prior authorization.

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