

## Out of Network Referral Request Form

**\*\*\*Form must be completed by the provider in its entirety to process your request\*\*\***

**This form is not intended for services that were already rendered. Please contact BSC Customer Care @ 800-541-6652 regarding claims submission.**

**Please mark applicable criteria below in order to submit:**

- There are no network providers/facilities available to provide the needed service.
- The member's network provider does not have privileges to perform services at a network facility.
- The member's network provider is unable to perform the necessary service and is forced to refer to an out-of-network specialist/facility.
- There are significant scheduling barriers whereby the member is unable to make an appointment in a timely manner with a network provider.

Servicing Provider Information	Patient Information
Provider's Name and Address:	Patient's Name:
<b>Billing Tax ID #:</b>	Blue Shield ID Number:
<b>Billing NPI #:</b>	Birth Date:
Office Contact:	Diagnosis: ICD-10 code(s):
Phone: Fax:	<b>Procedure (CPT)/Service and Quantity:</b>  <b>Place of Service:</b>
<b>If servicing provider is not contracted with Blue Shield of California, is the provider willing to negotiate fees to lower members out of pocket expense? (Y/N)</b>	
<b>If yes</b> , contact name for negotiation: Phone: Fax: Email:	Date of service or scheduled visit / treatment:
Facility Information (for services not done in-office or home)	Referring Provider
Facility's Name and Address:	Provider's Name and Address:
<b>Billing Tax ID #:</b>	Provider's Tax ID/NPI Number:
<b>Billing NPI #:</b>	Provider's Contact:
Facility's Contact:	Phone: Fax:
Phone: Fax:	Phone: Fax:
If the facility is not contracted with Blue Shield of California, is the facility willing to negotiate fees to lower members' out of pocket expense? (Y/N)	
<b>If yes</b> , contact name for negotiation: Phone: Fax: Email:	

### INFORMATION REQUIRED BELOW

- **Please include all clinical information pertaining to this request.**
- **If the physician has seen this patient previously, please submit clinical documentation with ongoing treatment plan.**

**Please fax to BSC: 855-895-3506**

**Phone Number: 1-800-541-6652**

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