

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.

Applicable criteria below must be addressed 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:
Billing Tax ID #:	Blue Shield ID Number:
Billing NPI #:	Birth Date:
Office Contact:	Diagnosis: ICD-10 code(s):
Phone: Fax:	Procedure (CPT)/Service and Quantity: Unlisted CPT Code Description: Place of Service:
This section must be completed If the servicing provider is not contracted with Blue Shield of California, is the provider willing to negotiate fees (LOA/GAP) to lower member's out of pocket expense? (Y/N)	
If yes, 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:
Billing Tax ID #:	Provider's Tax ID/NPI Number:
Billing NPI #:	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 (LOA/GAP) to lower members' out of pocket expense? (Y/N) If yes, 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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