Blue Cross Blue Shield of Rhode Island

500 Exchange Street, Providence, Rhode Island 02903-2699
(401) 459-1000 bcbsri.com

Out of Network Request Form

Please utilize the following form for the following requests. Once completed please, fax the completed form along with clinical information to Utilization Management at 401-272-8885.

The following form should be completed for Out of Network services for:

- New England Health Plan member **NOT** rendering services in MA, CT, ME, NH,
- BlueChip members Commercial or Medicare.
- Provider who are not participating with their local plans

Date:	**Member Name**
Member DOB:	**Member ID**

Referring Physician Info:

Requesting Provider Name:	**Requesting NPI:**
Requesting Provider Address	**Office Contact Name:**
Requesting Provider City and State:	**Office Contact Phone Number:**
Requesting Provider Main phone #:	**Contact Fax Number:**

Referred to Physician or Group:

Servicing Provider Name:	**Servicing Provider Group:**
Servicing Provider Address	**Servicing Provider City and State**
Servicing Provider Main phone #:	**Office Contact #**
Diagnosis Code required:	**Servicing NPI:**

General Statement: Providers should verify benefits and eligibility via BCBSRI.com or by calling the Provider Service Center at 401-274-4848 or 1-800-230-9050 prior to requesting any services.

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Has the member seen this provider or provider within this group prior to this request being sent? Please select.

☐ No

☐ Yes, Date(s) ____

Is there an appointment scheduled at this time? Please select.

☐ No date as this time: Note: Please do not add date spans if no date is scheduled.

☐ Yes, Scheduled Date ____________________________

Who(m) referred the member out of network? ____

Has the member seen a specialist in the network for the above diagnosis? If so, who(m) and when?

____

Notes/Comments:

Clinical Notes: Clinical documentation must support the medical necessity for the procedure requested. Please attach with this request and indicate any treatments already performed for this diagnosis. Clinical notes are **mandatory** for review for all requests.

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