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

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 Commercial or Medicare members
- Provider who is not participating with BCBSRI

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:

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

Has the member seen this provider prior to this request being sent? Please select

☐ No date as this time

☐ Yes, Date(s) _____

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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Is there an appointment scheduled at this time? Or has the patient already been seen? Please select

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

☐ Yes, Scheduled Date _____

Has the patient already been seen? 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?

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.

Additional Information:

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