



New England Health Plan (NEHP) Cross Border Referral Form

If you are BCBSRI primary care provider (PCP) referring a New England Health Plan (NEHP) patient out of state, please fax this completed form to the BCBSRI Utilization Management Department at (401) 272-8885. **All fields are required.**

Date: ____/____/____

Patient's Name: _____

Patient's ID #: _____ Patient's DOB: ____/____/____

Referring PCP Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Referring PCP NPI number: _____

(Specialists – Please use box 17b when filing a claim.)

Rendering Specialist Name: _____

Rendering Specialist NPI number: _____

Address: _____

City: _____ State: _____

Telephone #: _____ Fax #: _____

Referral Valid From: ____/____/____ to ____/____/____

Number of visits requested: _____

Reason for Referral:

- Consultation only
- Treatment only
- Consultation and treatment

NEHP referrals require the appropriate ICD-10-CM diagnosis code (s). Please list ICD-10 Code(s):

Diagnostic tests/procedures requested: _____

Note: Communication is required between PCP and Specialist.

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