

MYBLUE HMO<sup>SM</sup> PRIMARY CARE PROVIDER REFERRAL FORM

Referral requests must be submitted by the MyBlue HMO member's Primary Care Provider (PCP) when services by a MyBlue HMO participating specialist or ancillary provider are needed. To request the referral, the MyBlue HMO PCP may submit the request using the online tool, *Referrals*, in Availity® Essentials or this form. When using this form, please provide all information requested below. Incomplete forms will be returned.

Please fax the completed form to 800-220-4045.

When making referrals to MyBlue HMO participating providers, please use the online directory at [BCBSOK Provider Directory](#) to find MyBlue HMO participating physicians and other health care providers. If you have questions, contact the [Provider Contract Support Unit](#).

Check here if this referral submission includes clinical information.

Check here if this referral is to a non-participating MyBlue HMO provider. Please explain reason for referring outside the MyBlue HMO member's network:

**PCP INFORMATION**

Name of Requesting PCP:

PCP Phone Number:

PCP Fax Number:

PCP TIN:

PCP Address:

PCP Office Contact Name:

If the requesting provider is not a PCP, please explain (e.g. nurse practitioner at office covering for PCP, etc.):

Diagnosis:

**PATIENT INFORMATION**

Patient Name:

BCBSOK Member ID:

Patient DOB:

**PROVIDER INFORMATION**

Provider Name:

Specialty Type:

Provider Address:

Provider TIN (if available):