



Fax the completed form to:
 Health Tradition Health Plan UM Department
 Fax Number: 608.781.9654
 Urgent Fax: 608.467.4964

Out-of-Network Referral Request

Out-of-Network referrals are rarely considered when there are In-Network providers who can perform the requested services.

An approved referral from the Health Tradition Care Plus Plan is required before any care is received by a member from an Out-of-Network provider. A decision notification will be sent to the member, the referring provider, and the provider to whom the member has been referred. All fields on this form must be completed and submitted with clinical documentation that supports the need for referring this member to a specialist.

Decisions on non-urgent requests will be made within 15 calendar days of receipt of the request and urgent requests within 3 calendar days assuming the referral is submitted with all necessary clinical information.

REFERRING PROVIDER INFORMATION

Provider NPI #		Name of Person Completing Form	
Provider Name		Department Phone Number for Referral Questions	
Clinic Name		Fax Number	
Provider Location (Street Address)	Provider City	Provider Zip Code	

MEMBER INFORMATION

Patient Name (First, Middle Initial, Last)	Date of Birth
Insurance ID #	Phone Number

REFERRED TO PROVIDER INFORMATION – ALL FIELDS REQUIRED

Provider Name	Specialty	NPI # of Requested Provider
Facility Name	Phone Number	Fax Number
Provider Street Location	Provider City	Provider Zip Code
Facility Location (Street Address, City/Zip)	Referring Diagnosis Codes	Diagnosis Description
Facility NPI #		
Indicate why patient needs cannot be met with an In-Network provider. Supporting clinical documentation must accompany this referral request.		
Indicate what specialist(s) have been consulted or evaluated for this diagnosis/condition in the last 12-24 months.		
Routine Urgent – If marking as an urgent referral, please provide the medical necessity (see ERISA definitions below) for why this would be urgent outside of scheduling purposes:		
Requested Start Date of Care with Specialist	Requested End Date of Care with Specialist	Number of Visits Requested

ERISA Guidelines state urgent is defined as: 1. Could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function or 2. In the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care of treatment that is the subject of the claim.