

External Referral Request

An approved Referral from Health Tradition Health Plan is required before any care is received by a member from an out-of-network provider. Mayo Clinic in Rochester, MN is considered out-of-network.

Upon completion of the review, a decision letter will be sent to the member, requesting provider, and provider to whom the member has been referred. All fields are required. Incomplete or illegible information will be returned and not processed.

REFERRING PROVIDER INFORMATION

Provider Name	Provider NPI #	Department Numbers for Referral Questions	
Clinic Name	Name of Person Completing Form	Phone #	Fax #
Facility Location, Street Address		City	Zip

MEMBER INFORMATION

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

REFERRED TO PROVIDER INFORMATION

Provider Name	Provider NPI #	Facility NPI # Clinic Name	
Specialty			
Referring Facility Location, Street Address		City	Zip
Facility Location, Street Address	Facility City		Facility Zip
NPI # of Requested Facility	Provider NPI #	Facility Specialty	Referring Diagnosis Codes
Diagnosis Description			
Requested Start Date of Care with Specialist	Requested End Date of Care with Specialist	Number of Visits Requested	
<input type="checkbox"/> Routine <input type="checkbox"/> Urgent – indicate clinical basis of urgency:			
<p>All applicable tests, radiology services, diagnostic outpatient testing and outpatient procedures are expected to be done in-network. Check the services you are requesting with an out-of-network provider.</p> <input type="checkbox"/> Consultation <input type="checkbox"/> Psychiatry or substance abuse counseling <input type="checkbox"/> Diagnostic tests – specify:			
<input type="checkbox"/> Surgery – specify:			
<input type="checkbox"/> Other – please explain:			
Indicate why patient needs <u>cannot</u> be met with an in-network provider. Please submit supporting clinical documentation.			
Indicate what specialist(s) have been consulted or evaluated for this diagnosis/condition in the last 12-24 months.			