Healthy Blue

MO HealthNet Managed Care (Medicaid)
Medicare Advantage

Member Authorization Referral Form

This communication applies to the Medicaid and Medicare Advantage programs for Healthy Blue.

Reference number:	Issue date:	Expire date:

Patient information

Patient name (last, first):	Date of birth:	Gender:
Mailing address (street, city, state, ZIP code):	Phone:	

Eligibility information

Member ID:	Effective date:	Type:

PCP or referring physician information

Physician:	
Address (street, city, state, ZIP code):	Provider ID:
	Phone:

Referred to provider information

Referred to/facility:	
Address (street, city, state, ZIP code):	Provider ID:
	Provider phone:
Physicians/specialist (if different than above):	
Address (street, city, state, ZIP code):	Specialist ID:
	Specialist phone:

Service(s) requested

Number of visits authorized:	Diagnosis/complaint(s):	Procedure(s):

Instructions/comments:

Faxed to:

Please forward a report of your findings to the PCP at the above address.

This referral is valid only for the services authorized by this form. Only completed referrals are processed. If the consultant or provider recommends another service or surgery, additional authorization is required. Certification does not guarantee benefits will be paid. Payment of claims is subject to eligibility, contract limitations, provisions and exclusions.

Confidentiality statement

The documents transmitted may be confidential and include legally privileged Healthy Blue member information intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken on the contents of these documents is strictly prohibited. If you received this information in error, please notify the sender immediately and arrange for the return of these documents.

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