Managed Care Referral Form

PO BOX 1407, Church Street Station
New York, New York 10008- 1407
Fax no. 1-800-522-5793
www.empireblue.com

Empire BlueCross BlueShield

Reference no.

N						

PCP's Tracking no. (Optional/not required)

Referrals are not valid for the following services; please contact Empire Medical Management at 1-800-441-2411 for approval of these services:

- Non-participating Provider's
- Emergency/Maternity Admissions
- Empire Baby Care
- Inpatient Admission to Hospital/Facilities
- Home Care, Hospice, Private Duty Nursing (at home)
- Surgery not performed in doctor's office

Health Plans that require a referral to an Empire participating provider are:

- HMO
- Child Health Plus
- Healthy NY
- Direct Pay HMO
- Direct Pay HMO/POS

*** Required field. If any required field is missing, the referral will not be accepted.**

Section 1. PATIENT INFORMATION

*Patient ID no.		*Date of birth (MM/DD/YYYY)
*Patient last name	*Patient first name	MI
Policyholder last name	Policyholder last name	MI

Section 2. REFERRING PHYSICIAN INFORMATION

*Provider last name	*Provider first name	MI
Service address		
*Empire provider ID or NPI	Phone no.	

Section 3. REFERRING TO INFORMATION

*Specialist last name	*Specialist first name	MI
Service address		
*Empire provider ID or NPI	Phone no.	

Section 4. AUTHORIZATION INFORMATION

Referrals are valid for **90 days** from the service start date unless otherwise specified. Please remember Authorized Services are subject to Limitations/Exclusions of Contract.	No. of visits	*Service start date (MM/DD/YYYY)	*Service end date (MM/DD/YYYY)
Referral reason/remarks/limitations			
*Signature of referring physician			*Date (MM/DD/YYYY)

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