



Out-of-Network Referral Request Form

Please return the completed form and applicable supporting clinical documents to:

Aspirus Health Plan – Attn: Integrated Health Services
6105 Golden Hills Drive, Golden Valley, MN 55416-1023
-or- Fax: (763) 847-4014

DATE OF REQUEST

START DATE OF SERVICES

MEMBER INFORMATION

First Name	Last Name	Date of Birth	Subscriber Number
------------	-----------	---------------	-------------------

ORDERING/REFERRING PROVIDER INFORMATION

Provider First Name		Site/Location Name		
Provider Last Name		Site/Location Name		
TIN	NPI	City	State	ZIP
Location Contact Person		Phone	Fax	

Fax notifications related to this request (by checking this box, you will not receive mail notifications).

REFERRAL INFORMATION

Reason for Referral: Patient's Request MD Preference Unavailable in Network Health Plan Requirement

Referred to Provider First Name		Site/Location Name		
Referred to Provider Last Name		Site/Location Address		
TIN	NPI	City	State	ZIP
Location Contact Person		Phone	Fax	

Comments (indications for referral to specialist)

SERVICES REQUESTED (Supporting clinical documentation must accompany this request)

Consult Only
 Follow-Up
 DME
 Lab/X-Ray
 Home Care
 Hospice
 Skilled Nursing
 Surgery: Inpatient Outpatient Other _____

Primary Diagnosis Code	Description
Procedure/HCPCS Code(s)	Description

Attach Applicable Office Notes and Diagnostic Testing Results For This Request

Workers Compensation Yes No Date of Injury/Loss _____
Motor Vehicle Accident/Subro Yes No Date of Injury/Loss _____
Other Coverage Yes No Insurance Company _____

NOTE: The prior authorization of any procedure does not guarantee benefits or payment. Approval is based on medical necessity as defined in the patient's benefit plan or certificate. All benefits are subject to the terms, conditions, and exclusions of the benefit plan or certificate. This may include policy language regarding pre-existing conditions or signed affidavits stating that the insurance bears no responsibility, as signed by the insured. Policy exclusions for certain types of services may also apply. Verify prior authorization requirements. For additional benefit information, please contact Aspirus Health Plan at 866.631.5404. **A release of information form included in the application for insurance was signed by our member.**