TRIBAL HEALTH REFERRAL FORM

This form is only needed for services received outside of an Indian Health Clinic (IHC) and is intended to protect tribal members from potential cost-sharing.

Date of Referral:	Date of Service for Referred Services:
Member Name: (First and Last Name)	
Member ID#:	Date of Birth:
IHC Referring:	NPI#:
IHC Referring Provider Address:	
IHC Telephone Number:	IHC Fax Number:
Referral Provider Facility: (Referred to)	Referral Provider NPI#;
Referral Provider Address:	
ICD-10 Diagnosis Code(s):	Description:

Service/Treatment Request:

Initial Consult:_____ Office Visit: 1)_____2) _____3)_____ (Other) _____

Procedure(s) – CPT codes:_____

Description of Procedure(s) and Duration of Treatment:

_____

_____

Inpatient Stay: (Hospital, SNF, etc.):_____Outpatient Stay: _____

Length of Stay (L0S): 1)_____2)_____3)_____(OTHER) _____

Type of Therapy PT_____OT_____ST _____

Duration requesting visits (i.e.: 2x/wk x2 wks) _____

This patient is a member of a federally recognized Indian tribe and enrolled in a Qualified HealthPlan (QHP) with comprehensive cost-sharing protections under 45 CFR § 156.410(b)(2) or (3) ("zero cost-sharing variation" or "limited cost-sharing variation"), and 45 CFR § 156.420 (b)(1) and (2), which specify that a QHP issuer may not impose any cost-sharing on an Indian for Essential Health Benefits furnished through Purchased and Referred Care Program (formerly known as Contract Health Services.

With a qualified referral, Carrier will reimburse the provider for the full allowed amount of the encounter; neither the tribe nor the patient is responsible for any copay, coinsurance, or deductible when the services are performed by an In-Network Provider. If the services are performed by an Out-of-Network Provider, the member is responsible for amounts between the Billed Charges and the allowed amount. Please identify referring physician on all claims.

Prior authorization may be required by Carrier before receiving services for medical necessity review.

Please note that this is not an authorization for payment.