



# Limited Cost-sharing Referral Form

American Indians and Alaska Natives (AI/ANs) can get treatment from Indian health care providers at Indian Health Service, Tribal and Urban Indian facilities (I/T/Us).

AI/ANs on Health Insurance Marketplace limited cost-sharing plans who need services they cannot obtain through an I/T/U facility can get services at a different provider without paying anything out of pocket, if they have a referral.\*

I/T/U facilities should use the following process to submit referrals for Blue Cross and Blue Shield of Montana (BCBSMT) members to cover cost-sharing for medical care that is provided by non I/T/U facilities\*\*:

*Note: the multiple providers fields below should only be used for the **same member**; referrals for other member's claims require separate forms.*

## Medical Referral

I/T/U facility completes a medical referral letter including:

### Referring I/T/U facility Information

Contact Name:	Telephone Number:
Mailing Address:	
Physical Address:	

### Patient Information

Name:	DOB:
Group Number:	Member ID Number:

### Referral Provider Information

*Up to three referrals can be included for the same member; other member claims require separate forms*

Name of Provider and/or Facility <i>(Please spell out name entirely)</i> :
Referral Effective    /    /    through    /    /
Services to be performed/Type of services expected:

Name of Provider and/or Facility <i>(Please spell out name entirely)</i> :
Referral Effective    /    /    through    /    /
Services to be performed/Type of services expected:

Name of Provider and/or Facility <i>(Please spell out name entirely)</i> :
Referral Effective    /    /    through    /    /
Services to be performed/Type of services expected:

Please fax the referral to our Payment Services Claims Processing area at **918-549-7777**.

Referrals can also be mailed to:

**7777 East 42nd Place**  
**Tulsa Oklahoma 74145**  
**Attn: I/T/U Referral**

\* Members who receive services from an out-of-network provider may incur additional charges.

\*\* For benefit questions, please contact the customer service number on the back of the member's ID card



### Pharmacy Referral

Pharmacy claims are processed when the BCBSMT member fills the prescription at the pharmacy, so it is important for members to obtain an I/T/U referral before picking up a prescription.\* Members may have to pay out of pocket for prescriptions filled without a referral.

I/T/U facility completes a pharmacy referral letter including:

#### Referring I/T/U facility Information

Contact Name:	Telephone Number:
Mailing Address:	
Physical Address:	

#### Patient Information

Name:	DOB:
Group Number:	Member ID Number:

#### Referral Provider Information

Pharmacy Name and Location/Address:
-------------------------------------

Number of Prescriptions needing Cost-Sharing Reduction and Length of Referral: How many medications are needing patient cost-sharing waived? Prescriptions needing cost-sharing reductions can only be set up with a claim on file.

Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/

Please email the referral to [Retail\\_Service\\_Coordinators@bcbsil.com](mailto:Retail_Service_Coordinators@bcbsil.com).

\* Some prescriptions may need prior authorization. This referral form is not a substitute for that process. For benefit questions, please contact the customer service number on the back of the member's ID card.