



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**PERSONAL CHOICE NETWORK
RETRO-REFERRAL FORM**

If a referral was not completed due to PCP error, please enter the referral in your usual method and then fax this completed form explaining the circumstances to 1-800-303-8930 or 205-220-5763

For assistance in entering the referral, call Customer Service at 1-877-231-7239.

This form cannot be used for Select referrals.

Primary Care Physician Information

Physician Name				Middle Initial	Last Name			
Unique Provider Identification Number (UPIN)				Individual NPI (National Provider Identifier)				
Office Contact				Hospital/Clinic				
Address								
City			State	Zip	County			
Office Telephone			Fax Number			E-mail		

Patient Information

First Name				Middle Initial	Last Name			
Date of Birth	Contract Number (include prefix)			Group Number		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Contract Holder's name (if different than patient)				Relationship to Patient				

Diagnosis Information

Referral Information

Referred to Specialist or Hospital name							
Unique Provider Identification Number (UPIN)				Individual NPI (National Provider Identifier)			
Referral Dates: From _____ To _____				# of Visits (Optional)		ER Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please state briefly why the referral was not completed within 72 hours of the appointment or any additional comments.

NOTE: Open-ended referrals (no through dates) to specialist will cancel after two months. Referrals should not exceed 12 months. Referrals to facilities for ER visits or ER admissions are per episode and should not be created for one month at one time.

Form not complete and information provided cannot be used until signed.	_____			_____
	Signature of Referring Physician			Date
_____	Status	_____	Number	_____