



BlueCross BlueShield  
of Alabama

## Referral Form for Indian Health Services

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

Referring Provider Information		
Indian Health Clinic Referring Provider Name:		Referring Provider NPI (National Provider Number):
Referring Provider Address:		
Dates of Service: From:	To:	Date of Referral:
Service or treatment Requested:		
Patient Information		
Patient Name:	Patient Contract Number and Prefix:	Patient Date of Birth:
Referred To Provider Information		
Referred To Provider Name:		Referred To Provider NPI (National Provider Number):
Referred To Provider Address:		

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

With a qualified referral, Blue Cross and Blue Shield of Alabama will reimburse the provider for the full contracted rate of the encounter; neither the tribe nor the patient is responsible for any copay, coinsurance or deductible. Please list referring physician on all claims.

**Prior authorization may be required by Blue Cross and Blue Shield of Alabama before receiving services for medical necessity review.**

**Please note this is not an authorization for payment.**

**Fax completed referral to:  
205-220-2146**

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.