



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 Oklahoma (BCBSOK) 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 BCBSOK 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.

* 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.