

Request to Receive Service Outside of Solutions Network



To be completed by the referring provider

Section 1 – Patient Information

First Name

Last Name

MI

Suffix

BCBSKS ID Number

_____/_____/_____
Date of Birth

Section 2 – Services To Be Performed

Procedure Codes

Diagnosis Codes

_____/_____/_____
Beginning Service Date

_____/_____/_____
End Service Date

Section 3 – Provider Information

Referring Doctor's Name

Referring Doctor's NPI Number

(____) _____ - _____
Referring Doctor's Phone Number

(____) _____ - _____
Referring Doctor's Fax Number

Can the service be performed by a provider in the Kansas Service Area? Yes No

Type of specialty provider required

Referred Provider

Referred Provider NPI

Why is it necessary to go outside the Kansas Service Area for this service?

Please note: Blue Cross and Blue Shield of Kansas Exclusive Provider Organization (EPO) plans do not cover services provided outside the network, unless the service is a medical emergency or said service is not available in-network.

Your signature required

Provider Signature

_____/_____/_____
Date Signed

Print Name

Fax this form to us at 785-290-0711

If you have questions, please call Customer Service: 800-432-3990