



# BlueLincs HMO Referral/Authorization Request Form

For your convenience, preauthorization requests can also be submitted via iEXCHANGE, a Web-based automated tool.

To learn more, visit Getting Started with iEXCHANGE.

<b>Authorization Request</b>	<b>Referral Request</b>
<input type="checkbox"/> MRI <input type="checkbox"/> ER Visit <input type="checkbox"/> DME <input type="checkbox"/> Out of Network <input type="checkbox"/> Outpatient Surgery <input type="checkbox"/> Obstetric <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Other <input type="checkbox"/> Concurrent	

Mail to the Following Address or Fax to:	
BlueLincs Preauthorization P .O. Box 3283 Tulsa, OK 74102-3283	Fax: (918) 549-2358

Member/Patient Data:			
<b>Subscriber ID:</b>		<b>Group #</b>	
<b>Subscriber Name</b>			
<b>Patient Name</b>		<b>Date of Birth</b>	
<b>Date of Service (if known)</b>			

Provider Data:								
<b>PCP Name</b>					<b>Rendering NPI</b>			
<b>Specialist Name</b>					<b>Rendering NPI</b>			
<b>Address of Requestor</b>								
<b>Date of Service (if known)</b>								
<b>Procedure Codes:</b> (primary first)								
<b>Diagnosis Codes:</b> (primary first)								
<b>Place of Treatment</b>	Please check one of the boxes: <input type="checkbox"/> Provider Office <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Other							
<b>Contact Person</b>				<b>Phone</b>			<b>Fax</b>	

Please attach supporting documentation: history & physical, letter of medical necessity, original photographs, etc. For additional requirements, please visit the **medical policy** page of our provider website.

Payment depends upon member eligibility, benefits and participation in the BlueLincs Program.

All necessary information is required before your request can be completed.