

# BANNER HEALTH NETWORK REFERRAL/PRIOR AUTHORIZATION FORM

ATTENTION PATIENTS:

THIS IS YOUR REFERRAL FORM. THE SPECIALIST MAY REFUSE TO SEE YOU WITHOUT IT.

***Incomplete forms will not be processed and will be returned to sending provider.***

Planned Date of Service: \_\_\_\_\_ (Recommend not scheduling until authorization is obtained)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Health Plan: \_\_\_\_\_ ID# \_\_\_\_\_

Requested Provider: \_\_\_\_\_ TIN# \_\_\_\_\_  
(Full Name)

Specialty: \_\_\_\_\_ Out of Network \_\_\_ Inpt \_\_\_ Outpt \_\_\_ Office \_\_\_

Office Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
(Requested Provider Office)

Place of Service: \_\_\_\_\_ TIN# \_\_\_\_\_  
(Facility Name)

Referring Provider: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
(Full Name)

Office Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
(Referring Provider Office)

**Requested Action by Specialist (Optional for PCP to Complete):**

**Consultation: (Please send the patient back for follow-up and treatment)**

Confirm Diagnosis  Advise as to Diagnosis  Suggest Medication or Treatment

**Referral: (Please provide PCP with summaries of subsequent visits)**

Assume management for this particular problem and return patient after conclusion of care.

Assume future management of patient within your area of expertise.

Diagnosis/ICD-9: \_\_\_\_\_

Treatment/Procedure with CPT/HCPCS codes: \_\_\_\_\_

Submit Information for request: List units being administered, Notes, labs, x-rays

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature

Date

**THE FOLLOWING APPLIES ONLY TO "Banner Choice Plus" PATIENTS:**

To access your Banner Option Benefit, your Primary Care Physician should refer you to a contracted provider.

To ensure recommended provider is contracted, call Banner Benefits Service Center at 480-684-7070 (within Metro Phoenix area) or at 800-827-2464 or go on the web [www.BannerHealthPlans.com](http://www.BannerHealthPlans.com)

**For Banner Use Only:**

**BHN Prior Authorization Dept Phone: 480-684-7070 Fax: 480-684-7200 (within Metro Phoenix Area) or 800-697-1441**

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