

Reference no.

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**Referrals are not valid for the following services; please contact Anthem Medical Management at 1-800-441-2411 for approval of these services:**

<input type="radio"/> Non-participating Provider's	<input type="radio"/> Inpatient Admission to Hospital/Facilities
<input type="radio"/> Emergency/Maternity Admissions	<input type="radio"/> Home Care, Hospice, Private Duty Nursing (at home)
<input type="radio"/> Anthem Baby Care	<input type="radio"/> Surgery not performed in doctor's office
	<input type="radio"/> Urgent Care Centers

Health Plans that require a referral to an Anthem participating provider are:

<input type="radio"/> HMO	<input type="radio"/> Pathway Enhanced, Gated
<input type="radio"/> POS	<input type="radio"/> Pathway X Enhanced, Gated
<input type="radio"/> Direct POS	<input type="radio"/> Blue Access, EPO Gated
	<input type="radio"/> Blue Access, HMO Gated

**\* Required field. If any required field is missing, the referral will not be accepted**

Section 1. Patient Information			
*Patient ID no.		*Date of birth (MM/DD/YYYY)	
*Patient last name		*Patient first name	MI
*Policyholder last name		*Policyholder first name	MI
Section 2. REFERRING PHYSICIAN INFORMATION			
*Provider last name		*Provider first name	MI
Service Address			
*Anthem Provider ID or NPI		Phone no.	
Section 3. REFERRING TO INFORMATION			
*Specialist last name		*Specialist first name	MI
Service Address			
*Anthem provider ID or NPI		Phone no.	
Section 4. AUTHORIZATION INFORMATION			
Referrals are valid for <b>90 days</b> from the service start date unless otherwise specified. Please remember Authorized Services are subject to Limitations/Exclusions of Contract.	No. of visits	*Service Start Date (MM/DD/YYYY)	*Service End Date (MM/DD/YYYY)
Referral reason/remarks/limitations			
*Signature of referring physician			*Date (MM/DD/YYYY)

