



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

Fax (501) 378-6647

P.O. Box 3688
Little Rock, Arkansas 72203-3688

**OPEN ACCESS
OUT-OF-NETWORK REFERRAL REQUEST FAX SHEET**

Please Note (Important Benefit Information):

Completing This Form Does Not Constitute an Approved Out-of- Network Referral, Unless You Receive Written Confirmation from Health Advantage via Facsimile Under Separate Cover. Failure to obtain an approval will result in a reduction or denial of services based upon the benefit plan.

Date Submitted _____

Member Name _____

Health Advantage ID # _____

Person Making the Request _____

Phone _____ Fax _____

Diagnosis _____

Requested Out-of-Network Physician _____

Address _____

Phone _____

Reason for Referral _____

Services Requested _____

For HA Use Only
Rg _____
Plan _____
HAC _____
AUTH _____
Approve _____
Deny _____

Confidentiality Note

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