Blue Cross and Blue Shield of Minnesota and Blue Plus
PO BOX 982816
El Paso, TX 79998-2816

BlueCross BlueShield Minnesota

Managed Care Referral Form

Restricted Recipient Program Phone: 1-651-662-5062 or 1-800-859-2139
Fax: 651-662-6286

Note: All fields with an asterisk must be completed, or the referral is not valid.

Patient's designated clinic information:	
*Clinic name:	
Contact person:	
Primary care doctor:	
*Address:	
Phone:	Fax:
Member's information: **2 of the 3 must be filled in correctly to be considered valid**	
*Name:	
*ID #:	*DOB:
Referral information:	
*Clinic/hospital that member is being referred to:	
*Clinic/hospital address (if more than one location):	
Physician name (if known):	
NPI #:	
ICD-10 diagnosis code(s):	
Is this from an ER visit? Yes No	
*Referral length: _____/_____/_____ to _____/_____/_____.	
*Number of visits approved or state unlimited:	
*Does physician have prescribing rights? ☐ Yes ☐ No	
Comments:	

9/27/2023