



**BlueCross BlueShield**  
of Texas

# Limited Cost-sharing Referral Form

American Indians and Alaska Natives (AI/ANs) can get treatment from Indian health care providers at Indian Health Service, Tribal and Urban Indian facilities (I/T/Us).

AI/ANs on Health Insurance Marketplace limited cost-sharing plans who need services they cannot obtain through an I/T/U facility can get services at a different provider without paying anything out of pocket, if they have a referral.<sup>1</sup>

I/T/U facilities should use the following process to submit referrals for Blue Cross and Blue Shield of Texas (BCBSTX) members to cover cost-sharing for medical care that is provided by non I/T/U facilities<sup>2</sup>:

## Medical Referral (Please complete all fields)

### Referral Information

This referral is for all covered services from REFERRAL DATE: \_\_\_\_\_ through Dec. 31, 20 \_\_\_\_ (CURRENT YEAR)

### Referring I/T/U facility Information

I/T/U Facility Name:	
Contact Name:	Telephone Number:
Mailing Address:	
Email Address:	

### Patient Information

Name:	DOB:
Group Number:	Member ID Number:

Please fax the referral to our Payment Services Claims Processing area at **918-549-7777**.

Referrals can also be mailed to:

**7777 East 42nd Place**  
**Tulsa, Oklahoma 74145**  
**Attn: I/T/U Referral**

1. Members who receive services from an out-of-network provider may incur additional charges.

2. For benefit questions, please contact the customer service number on the back of the member's ID card



**Pharmacy Referral**

Pharmacy claims are processed when the BCBSTX member fills the prescription at the pharmacy, so it is important for members to obtain an I/T/U referral before picking up a prescription.<sup>3</sup> Members may have to pay out of pocket for prescriptions filled without a referral.

**Referring I/T/U facility Information**

I/T/U Facility Name:	
Contact Name:	Telephone Number:
Mailing Address:	
Email Address:	

**Patient Information**

Name:	DOB:
Group Number:	Member ID Number:

**Referral Provider Information**

Pharmacy Name and Location/Address:
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Number of Prescriptions needing Cost-Sharing Reduction and Length of Referral: How many medications are needing patient cost-sharing waived? Prescriptions needing cost-sharing reductions can only be set up with a claim on file.

Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/
Name of Medication:	Referral Effective	/	/	through	/	/

Please email the referral to [Retail\\_Service\\_Coordinators@bcbsil.com](mailto:Retail_Service_Coordinators@bcbsil.com).