



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) with no cost-sharing on any service that is an EHB furnished by the I/T/U facility.

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.*

I/T/U facilities should provide the following information to submit referrals to Blue Cross and Blue Shield of Louisiana and its subsidiary HMO Louisiana, Inc. members to cover cost-sharing for medical care that is provided by non I/T/U facilities**:

Medical Referral

I/T/U facility completes a medical referral letter including:

- I/T/U Referring Provider Name _____
 Contact Name _____
 Mailing Address _____
 Telephone # _____
 Physical Address _____
- Patient Information
 Name _____
 Group Number _____
 Member ID Number _____
 DOB _____
- Referral Provider Information
 Name of Provider and/or Facility _____
 Number of Visits _____
 Referral Effective ___/___/___ through ___/___/___
 Services to be performed: Type of services expected _____

Referrals should be mailed to:

Blue Cross and Blue Shield of Louisiana
PO Box 98029
Attn: Correspondence
Baton Rouge, LA 70898

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

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