Blue Cross Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.BCBSRI.com

Referral Exception Form

Patient name: _____ Date of birth: _____

Patient BCBSRI identification #:_____

Requesting provider: _____

Provider NPI: _____

Office contact person name and telephone: _____

Office fax number: _____

Diagnosis: _____, _____, _____

Specialist provider name: _____

Specialist NPI: _____

Specialist Address of consultation:_____
(must match claims billing)

Office contact person name and telephone: _____

Start date of service: _____ thru end date of service: _____

(Cannot exceed 180 days)