



Wellmark Health Plan of Iowa Chiropractic Referral Form

Fax: 515-376-9104

Address: Wellmark Rapid Referrals
Mail Station 5W195
PO Box 9232
Des Moines, Iowa 50306-9232

Wellmark Health Plan of Iowa, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

Referrals must be faxed or mailed using the fax number or address given above to ensure appropriate and timely processing. This form must be completed in full or it may be returned to you for completion.

<u>Internal Use Only</u>	Primary Care Physician Name: _____
Member ID #: _____ Patient Name: _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Patient Phone Number _____ - _____ - _____ Patient Address: _____ _____ Plan: <input type="checkbox"/> Blue Advantage® <input type="checkbox"/> Blue Choice® <small>(check one)</small> <input type="checkbox"/> Blue Access®	PCP Office Address: _____ _____ PCP Office Contact: _____ PCP Telephone Number: _____ - _____ - _____ PCP Fax Number: _____ - _____ - _____ PCP NPI _____ PCP Signature: _____ Date: ____ - ____ - ____
Diagnosis Code: _____ Narrative: _____ _____ _____ _____ _____ _____ _____ <p><i>(If not complete, we will assume the request is unlimited visits)</i></p>	Referred To: <i>(Complete Name and Address)</i> _____ _____ _____ Telephone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Referral Duration Dates: From: ____/____/____ To: ____/____/____ Number of Visits: _____ <i>(If not complete, we will assume unlimited visits for six months.)</i>

All services must be provided by IN NETWORK providers, including the facility. Please refer to the appropriate Plan Directory.
Attention Specialists: Please contact the PCP for any additional services required that are not authorized above and communicate outcomes.

This referral is valid only for the specialist or office listed. Secondary consultations and follow-up appointments require referral from the PCP. Without appropriate approval for out of network care, member is responsible for charges. Retrospective authorization is not valid. This is NOT a benefit determination or a guarantee that benefits are available.

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