



## SPECIALTY REFFERAL FORM

Prior approval is only required for a referral of a Humana HMO member to an out-of-network specialist.\*  
If a specialty referral is not obtained for services rendered by an out-of-network specialist, the claim will be denied.

Today's Date: \_\_\_\_\_

PLEASE PRINT LEGIBLY

### Section 1: Requesting Provider

Provider's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Section 2: Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Contact Phone # (required):

City, State, & Zip code: \_\_\_\_\_

### Section 3: Referred To Provider

Referrals are only required for an out-of-network specialist.

Provider's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address/Location (required): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for out-of-network referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Service From: \_\_\_\_\_ To: \_\_\_\_\_

**NOTE: Please attach clinical notes or documentation of medical necessity.**

- ☐ Check this box if you would like to request a peer-to-peer conversation with an MDX Hawaii Physician Reviewer **before** a determination is made. We will contact you to arrange a date and time for your dialogue with our Medical Reviewer **OR** call us at **(808) 426-7617** to schedule and provide the best contact date(s)/time(s) and phone number of the Provider.

THIS REFERRAL DOES NOT GUARANTEE PAYMENT OF NON-COVERED SERVICES. COVERAGE IS DEPENDENT ON THE HMO MEMBER'S ELIGIBILITY AND PLAN BENEFIT AT THE TIME OF SERVICE. ALL SERVICES ARE SUBJECT TO MEDICAL NECESSITY REVIEW.

\*Referrals to a specialist are not required for PPO MA plans or in-network specialists.