



One Monarch Place · Suite 1500  
 Springfield, MA 01144-1500  
 413.787.4000, Ext. 5028 · 800.842.4464  
 Behavioral Health Department  
 BH Fax: 413.233.2800

**REFERRAL TO  
 OUT-OF-NETWORK PROVIDER**

**INSTRUCTIONS**

1. FORM MUST BE COMPLETED THOROUGHLY
2. CLINICAL INFORMATION TO SUPPORT REQUEST MUST BE SUBMITTED WITH COMPLETED FORM
3. FAX FORM AND CLINICAL INFORMATION TO HNE BEHAVIORAL HEALTH DEPARTMENT AT 413.233.2800 FOR REVIEW AND DECISION

**MEMBER INFORMATION *\*required***

\*Date \_\_\_\_\_

\*Member's Name \_\_\_\_\_

\*HNE ID#           -   \*Date of Birth   -   -

Day                      Month                      Year

**REFERRING IN-PLAN PROVIDER INFORMATION *\*required***

\*Referring Provider's Name \_\_\_\_\_

\*Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*HNE Provider ID#

\*Contact Person's Name \_\_\_\_\_ \*Phone# \_\_\_\_\_ Ext \_\_\_\_\_

\*Out of Network Provider's Name \_\_\_\_\_

\*Facility \_\_\_\_\_ \*Degree \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Phone# \_\_\_\_\_ Ext \_\_\_\_\_

\*Requested Service(s) \_\_\_\_\_

\*Scheduled Appointment Date \_\_\_\_\_ \*Time \_\_\_\_\_

**NOTE: THE REQUESTED SERVICES ARE NOT AUTHORIZED UNLESS APPROVED BY HNE IN ADVANCE OF TREATMENT. HNE does not verify the credentials of Non-Plan Providers; only In-Plan Providers go through HNE's Credentialing process.**

**REASON FOR REFERRAL** Must include reason(s) why services are not available in plan/network

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**PSYCHIATRIC AND MEDICAL HISTORY**

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Mental Health Diagnosis \_\_\_\_\_

Substance Abuse Diagnosis \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Relevant/Significant Medical Treatment \_\_\_\_\_

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Mental Health Treatment History \_\_\_\_\_

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Substance Abuse Treatment History \_\_\_\_\_

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Psychiatric Medication History \_\_\_\_\_

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Prior approval is not a guarantee of payment. All payment of claims is contingent upon verification of: (1) The member's eligibility on the date of service; (2) The medical necessity of the care; and (3) Coordination of Benefits/Subrogation status..

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