Baptist Health Quality Network
BAPTIST HEALTH SOUTH FLORIDA

Baptist Health Quality Network Referral Authorization

A REFERRAL MUST BE OBTAINED BEFORE SPECIALIST SERVICES ARE RECEIVED.

There is no coverage for Specialist Care without a PCP Referral.
No coverage is provided for any care outside of the BHQN.

* Date Written:	

Patient Information:			
* Patient Name:		* Date of Birth:	
* Employee Name:		* Employee Member ID or SSN:	

Referred to:					
* Provider / Facility Name:		Address:			
* Tax Identification Number:		City:		Zip:	

Referral Information:					
Patient Diagnosis / ICD10:		Dates of Service:		to	

Referred by:						
* Provider Name (Last, First):			Address:			
Contact:		Phone:	City:		Zip:	

* Required Fields

Please send form to: UMR
Attention: DE Referral
Fax Number: **(877) 293-4926**
E-Mail: BHSFL2016@umr.com

Print

E-Mail