

Billings Clinic Employees Out-of-Network Exception Request



Use this form to request an out-of-network exception prior to services. The request will only be considered if services are not available by an in-network provider.

1. Patient (member completes this section)

Patient name _____

Date of birth _____ Member ID number _____

Employee name _____

2. Health Information

Diagnosis _____

Can this treatment be performed by a Billings Clinic in-network provider? Yes No

If not, please explain _____

Duration of treatment _____

Referring in-network doctor _____

Out-of-network facility or provider name, if applicable: _____

Provider name _____

TIN _____ NPI number _____

Mailing address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Provider signature _____ Date _____

Referred to _____ Referred by _____

Please attach any supporting documentation and submit to:

PacificSource Health Plans
ATTN: Health Services Dept.
408 E Park Center Blvd, Suite 100
Boise, ID 83706

Email: healthservices@pacificsource.com
Fax: (541) 225-3625

Need help with this form? Contact us toll-free at (888) 691-8209 or email healthservices@pacificsource.com.