



Out-of-Network Referral Form

Referrals to out-of-network providers must be authorized before the service.

Call (616) 464-6619 or (800) 638-0573 Fax (616) 464-4465

Mail claims to ASR Health Benefits, P.O. Box 6392, Grand Rapids, MI 49516-6392

I. PATIENT INFORMATION:

- a. Patient Name: _____
- b. Date of Birth: _____ c. Patient is: Member Spouse Dependent

II. MEMBER INFORMATION:

- a. Member Name: _____
- b. Member's Employer: _____ c. Member ID Number: _____
- d. Member accepts financial responsibility for out-of-network referral? Yes No

III. OUT-OF-NETWORK PROVIDER:

- a. Provider Name: _____
- b. Address: _____ c. Phone Number: _____
- d. Specialty: _____ e. Appointment Date: _____
-