Harbor Health Referral Form

Medical Referral

Harbor Health Insurance Company – Referral Requirements
Harbor Health plans include some key features which allow members to reduce their cost share for certain services, if a referral is initiated from their network primary care provider.

*The **referred to provider** must be a participating provider in the member's network. Exceptions require prior authorization.

Referring Provider Information

Name:	Phone:	Fax:	
NPI:	TaxID:	Specialty:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:

Patient Information

Subscriber Name:	ID Number:	Phone:	
Patient Name *(if different than subscriber)*:	DOB: / /		
Member ID:	Group Number:		
Mailing Address:	City:	State:	Zip:

Referral Provider Information *(Use separate form for additional referrals)*

Name of Provider and/or Facility *(please spell out name entirely)*:

NPI:	TaxID:	Specialty:
Today's Date: / /	Referral Effective: / / through / /	

*Effective Date = Today / Duration up to 90 days (example: 3/1/2026 - 5/31/2026)

Service/Treatment/Procedure: CPT:	Description:
Condition: ICD10:	Description:

Reason for Referral/Clinical Notes:

☐ Clinical Notes Attached

Please fax the referral to Harbor Health at (512) 610-9904 or email completed referral to Harbor Health Referral Department at HHIC-ClaimsOperations@HarborHealth.com

Referrals can also be mailed to:
Harbor Health Insurance Company
Attn: Referral Department
P.O. Box 211262
Eagan, MN 55121

*Members who receive services from an out-of-network provider may receive no benefit or reduced benefit depending on their plan. For questions, please contact the provider services number on the back of the member's ID card.

Referring Provider Name (Print):	Referring Provider Signature:	Date:

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