Harbor Health Referral Form
Medical Referral

Harbor Health HMO Plans – Referral Requirements
The Harbor Health Plans have some key features that allow members to reduce their cost share for certain services, if a referral is initiated from their primary care provider.

*The **referred to provider** must be a participating provider in the member's network. If the **referred to provider**, facility, ambulatory surgery center or other provider is not available in the member's network there is no benefit. Exceptions require pre-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: 3/1/2025 - 5/31/2025)

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.

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 will receive no benefit.
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:

Harbor Health