



Healthy Blue



Recipient Choice of Restricted Services (Lock-In) Provider Agreement

Form with fields for recipient name, ID, address, city, state, ZIP, and provider selection options (Pharmacy, Primary physician, Hospital, Prescribing physician).

I understand that, as of this date, any medical services provided by providers other than the above will be my own personal financial responsibility.

Signed: \_\_\_\_\_ (10)

Witnessed: \_\_\_\_\_ (11)

Date: \_\_\_\_\_ (12)

- Original selection (14)
Change of provider(s) effective date: \_\_\_\_\_

Reason for change: \_\_\_\_\_ (13)

Instructions on reverse side.

https://provider.healthybluene.com

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BNEPEC-0070-20 September 2020

State approval: 09/03/2020

Items [1 through 4]: Information may be entered by the recipient or a health care provider.

Item [5]: Required category will be determined by the Healthy Blue Restricted Services Review Committee and circled on the form by Healthy Blue prior to delivery to member.

Code	Category
1	One pharmacy  You must select one pharmacy. Healthy Blue will approve payment for prescriptions only to the pharmacy you select.
2	One pharmacy and one primary physician  You must select one pharmacy and one primary physician. Healthy Blue will approve payment to the pharmacy and primary physician you select.
3	One pharmacy, one primary physician and one hospital  You must select one pharmacy, one primary physician and one hospital. Healthy Blue will approve payment only to the pharmacy, primary physician and hospital you select.
4	One pharmacy and one prescribing physician  You must select one pharmacy and one prescribing physician. Healthy Blue will approve payment for prescriptions only to the pharmacy you select. You may visit other physicians, but all prescriptions must be authorized by the prescribing physician you select.
9	All medical services  You must select one provider for each type of service you expect to receive. All types of medical services are included, and Healthy Blue will approve payment only to the providers you select.

Item [6]: Enter member name

Item [7]: Enter member ID from Healthy Blue ID card

Items [8 through 9]: Name and address of provider(s) selected by the recipient may be entered by the recipient or a health care provider.

Item [10]: Recipient **must** sign the agreement.

Item [11]: The person that witnesses the recipient's signature **must** sign. The witness **must** verify the recipient's identity and be a health care representative (provider, pharmacist or supporting staff member), or a Healthy Blue representative.

Item [12]: Date of signing may be completed by either the recipient or the witness.

Item [13]: May be completed by the recipient or health care provider

Changes will be effective the first day of the following month, unless a different date is requested. The reason is documented, and the date is approved by the Healthy Blue Restricted Services Review Committee.

Return form via fax to Healthy Blue at **1-844-464-9244** or mail to:

Healthy Blue  
 Care Management  
 10040 Regency Circle #100  
 Omaha, NE 68114