



If you are receiving a referral outside of the Prisma Health Network, please present this form to your Provider for completion. This is a required document for your network service exception request. Your request cannot be processed until the Benefits Department has received this completed form.

You can return this form to – NetworkServices@prismahealth.org

For Provider use only

Patient Name: _____

Referral description/service: _____

1.) Have you determined that a referral cannot be made within the Midlands or Upstate Prisma Health Networks?

2.) If the service and/or treatment is available within the Prisma Health Network, and you are referring out of network, please provide reasoning:

Provider Name (Printed): _____

Provider Signature: _____ **Date:** _____

Thank you for your assistance. Completing this document contributes to a timely review and determination of the network service exception request.

For Prisma Health HR use only Provider

Office Email:

Provider Office Phone: