

BEXAR COUNTY MEDICAL SOCIETY REFERRAL CRITERIA FORM

Physicians Name _____

(no group or organization names, please)

1 Office Address _____

1 Phone# _____ # 1 Fax #: _____

2 Office Address _____

2 Phone # _____ # 2 Fax #: _____

E-Mail Address _____ Web Site _____

Specialty for Referral _____

****Please mark your preferences as this information will be placed in our computers for referral purposes.**

Do you file Insurance for new patients? Yes No

Do you accept 3rd party insurance as a method of payment? Yes No

Do you accept Letter of Protection as a method of payment? Yes No

Do you accept payment plans from patients who have no insurance? Yes No

Do you speak any languages other than English? _____

Do you perform any special techniques or procedures? _____

Do you make House Calls other than Nursing Home patients and Boarding Home patients? Yes No

Is there Free Parking for Patients? Yes No

Do you accept Walk-Ins? Yes No

Please list your Office Hours. _____

Are you in Solo Practice or with a Group? _____

(Please list Group name.) _____

Are you accepting payments from Patients who have Champus/TriCare? Yes No

Are you accepting New Medicare Patients? Yes No

Are you accepting New Medicare Assignment Patients? Yes No

Are you accepting New Medicaid Patients? Yes No

Are you accepting New Workers Compensation Patients? Yes No

Do you accept Out of State Workers Compensation? Yes No

Please list any additional comments: _____

Health Insurance Plans

Please indicate which managed care plans and providers you participate with for BCMS Physician Referral purposes (*mark all that apply*):

- | | | |
|--------------------------|-----------------------------|----------------------------|
| 100 AA&C INC. | 125 AETNA PPO ONLY | 150 ALL EXC. P/CARE S/H |
| 105 ACORDIA | 130 AFFILIATED HEALTH CARE | 155 ALL EXC. PRUCAR/P. CAR |
| 110 AETNA | 135 AFFORDABLE HEALTH | 160 ALL EXC. PRUCARE/TRAV |
| 115 AETNA AFFORDABLE | 140 AFFORDABLE PPO | 165 ALL EXC. SECURE HORIZ |
| 120 AETNA LIFE INSURANCE | 145 ALL 3RD PARTY INSURANCE | 170 ALL HEALTH INS. PLANS |

175 ALL HMO'S & PPO'S
180 ALL PRIVATE INS.
190 ALLINS EXCT HUM. PPO
195 ALTA
200 AMCARE COMMERCIAL HMO
205 AMER. HEALTH NETWORK
210 AMERICAN GENERAL
215 AMERICAN NATIONAL
220 ANTHEM
225 BANKERS LIFE
230 BANKRUPTCY
233 BAPTIST HEALTH SYSTEM
PHO
235 BAPTIST MEM HOSPITAL
240 BC/BS
245 BCBS BLUE CHOICE
250 BCBS OF TEXAS
255 BCBS PAR PLAN
260 BEECH STREET
263 BENE-MARC. INC. (STUDENT
INSURANCE)
265 BENEFIT PLANNERS
270 BEXARMED IPA
275 BLUE CHOICE
280 BMHS-PHO
285 BUDGET
290 BUSS. MENS AR
295 C.I.D.C
300 CALL TO VERIFY
305 CAPP CARE
310 CENTRAL STATES
315 CHAMPUS
320 CIGNA
325 CNA
330 COLLECTION
335 COMM. FOR THE BLIND
340 COMMERCIAL
345 COMMUNITY FIRST HEALTH
PLANS
350 CONN. GENERAL
355 CPS
360 CUSTOM CARE
365 EMPLOYEES VISION PLAN
370 EMPLOYERS HEALTH
375 ETHIX
380 FED SELECT
385 FORTIS
390 GEHA
395 GENERAL AMERICAN
400 GERIATRIC
405 GOLD PLUS PLAN
410 GOOD YEAR/MED.BENEF
415 GREAT WEST
420 GROUP & PENSION

425 GUARDIAN
430 H.E.B. HEALTHSHARE
435 HARTFORD
440 HEALTH SELECT
445 HMO
450 HMO BLUE TEXAS
455 HUMAN AFFAIRS
INTERNATIONAL
460 HUMANA
465 HUMANA COMMERCIAL HMO
470 HUMANA GOLD PLAN
475 HUMANA GOLD PLUS
480 HUMANA HMO
485 HUMANA MEDICAID HMO
490 HUMANA POS
495 HUMANA PPO
500 IBS
505 JEFFERSON PILOT
510 JOA-MESTEX
515 JOHN HANCOCK
520 LETTER OF PROTECTION
525 LIBERTY MUTUAL
530 LINCOLN MUTUAL
535 MAIL HANDLERS
540 MANAGED HEALTH
545 MASS MUTUAL
550 MCR ASSIG CALL FIRST
555 MEDICAID
560 MEDICAL CONTROL,INC
565 MEDICARE
570 MEDICARE ASSIGNMENT
575 MEDIMET
580 MES TEX VISION PLAN
585 MET LIFE
588 METHODIST PHYSICIANS
ALLIANCE
590 METROPOLITAN
595 MOST INSURANCES
600 MOTOROLA
605 MUTUALLY PREFERRED
610 NALC
613 NATIONAL CHOICE CARE
615 NATIONAL HEALTH CARE
ALLIANCE
620 NET ONE
625 NHIC
630 NO HMO
635 NO HMO'S OR PPO'S
640 NYLCARE
ONE HEALTH PLAN OF TX
645 OUCH
650 OUT OF STATE WC
655 PACIFIC CARE
660 PACIFIC MUTUAL

665 PACIFICARE COMMERCIAL
HMO
670 PCA
675 PERSON-INJURY ATTORNEY
680 PHA
685 PHCS
690 POSTMASTER BENEFITS
695 PPO
700 PREF. HEALTH TRAVELERS
705 PREFERRED CHOICE
710 PREFERRED HEALTH NET
715 PRINCIPLE LIFE
720 PRIVATE HEALTH CARE
SYSTEMS
725 PRIVATE PAY
730 PRO-AMERICA
735 PROVIDENT LIFE
740 PRUCARE
745 PRUDENTIAL
750 PRUDENTIAL PLUS
753 QUALITY CARE NETWORK
755 QUALITY HLTH CARE
760 REFERRALS ONLY
765 RIO GRANDE HMO
770 S.A. PHY. ALLIANCE
772 SAN ANTONIO EMPLOYERS
773 SAN ANTONIO HEALTH
ALLIANCE
775 SECURE HORIZONS
778 SOUTHWEST MEDICAL
PROVIDER NETWORK
SUPERIOR HEALTH PLAN
780 TDH STAR
785 TDH STAR ONLY
790 TOWER LIFE INS
TX HEALTH CHOICE
TX TRUE CHOICE / ETHIX
SOUTHWEST
795 TRAVELERS
800 TRAVELERS PPO
805 TRICARE
810 UNICARE CLASSIC
815 UNITED HLTH CARE
818 UNIVERSITY PHYSICIAN
GROUP
820 USAA
USC / PPO
825 VIA CARE
828 WELL-MED
830 WILL FILE INSURANCE
835 WORKERS COMPENSATION
OTHER:

