

# Minnesota Restricted Recipient Program Member Referral Request Form

Blue Plus Minnesota Restricted Recipient Program

**To refer a Blue Plus member to RRP, please complete the form below and return it to us for review.**

Please email referral form to: [DoNotReplyBluePlusRRP@bluecrossmn.com](mailto:DoNotReplyBluePlusRRP@bluecrossmn.com). Please include "RRP Referral" in the email subject line.

<b>Member Subscriber ID#:</b>	Click or tap here to enter text.	<b>Date of Birth:</b>	Click or tap here to enter text.
<b>Member Name</b>	Click or tap here to enter text.		

<b>Name of Person Making Referral:</b>	Click or tap here to enter text.
<b>Contact Number of Person Making Referral:</b>	Click or tap here to enter text.
<b>Reason for Referral:</b>	<input type="checkbox"/> Multiple Controlled Substance Prescriptions <input type="checkbox"/> Multiple ER Visits <input type="checkbox"/> Multiple Prescribers <input type="checkbox"/> Other Click or tap here to enter text.
<b>Additional Information:</b>	Click or tap here to enter text.