

**Please Note:** Insurance Plans often change referral/authorization requirements; please visit the insurance company's website for more information. Additionally, not all providers are contracted with every insurance plan; please contact our office for verification.

Insurance Name	Referral Required	Authorization Required
AARP Medicare Complete	Yes, if HMO	
Accountable Health		
Aetna	Yes, if Campus Health	
AHCCCS American Indian Health Plan		
AHCCCS Care 1st		
AHCCCS CMDP		
AHCCCS Mercy Care Plan		✓
AHCCCS Steward HealthChoice		
AHCCCS (LTC, DDD, CRS)		
AHCCCS UHC		
AHCCCS Banner-University Family Care	✓	
AZ Foundation for Medical Care		
BCBS (incl. Neighborhood Network (NNJ, NNG, XBH, XBK)	Yes, if Neighborhood Network	
Cigna	Yes, if HMO	
Coventry HealthCare Workers Compensation		
Encompass Specialty Surgical Network		
HealthNet	Yes, if HMO	
HealthWest		
HMA/HMN/MultiPlan		
Humana (Medicare)	Yes, if HMO	
Indian Health Services	Requires PO	Requires PO
Medicare		
Medicare Railroad		
OneCare by Care1st		
Prime Health Services		
Provider Network of America		
Three Rivers Provider Network		
Tricare		Yes, unless SELECT
TriWest Healthcare Alliance		✓
United HealthCare (Commercial)		
United HealthCare (Medicare)	✓	✓
VA Prescott	✓	✓