BLUE CROSS AND BLUE SHIELD OF TEXAS

BCBSTX Route to UMCAT - 1200 for processing

TRANSITIONAL BENEFITS/RELEASE OF PATIENT INFORMATION FORM

*****THIS FORM SHOULD BE COMPLETED ONLY IF YOU ARE USING A NON-NETWORK PROVIDER*****

EMPLOYEE NAME:	DATE OF BIRTH:
GROUP NAME/ NUMBER:	ID#/SS#:

PATIENT INFORMATION

PATIENT NAME:	RELATIONSHIP TO EMPLOYEE:
ADDRESS:	CITY:
STATE: ZIP:	DATE OF BIRTH:
HOME PHONE: ( )	WORK PHONE: ( ) Ext:

MEDICAL/BEHAVIORAL HEALTH INFORMATION

What is the **HEALTH CONDITION** for which you are seeking Transitional Benefits?

(Include diagnosis, if known, and check (√) pertinent details below) **Diagnosis:**

Additional information:

☐ **PREGNANCY?** If yes, what is your **estimated due date**?

☐ **SURGERY** SCHEDULED **or** RECENTLY DONE? **DATE:**

TYPE OF SURGERY?

☐ HOME HEALTH SERVICES? **TYPE:**

☐ TREATMENT OR **THERAPY** IN PROGRESS? **TYPE:**

☐ CURRENTLY ON A **TRANSPLANT LIST?** (IF YES, PLEASE ATTACH COPY OF APPROVAL LETTER **)**

☐ CASE MANAGER(CM) FROM YOUR PREVIOUS HEALTH PLAN? **PLAN:**

CM NAME: **PHONE:**

☐ ANY OTHER INSURANCE COVERAGE? **COMPANY NAME:** **ID #:**

PROVIDER INFORMATION

PROVIDER (MD, DO, etc):	PHONE: ( )
ADDRESS:	DATE LAST SEEN:
CITY/STATE/ZIP:	NEXT VISIT ON:
FACILITY (Hosp., DME, group):	PHONE: ( )

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Blue Cross and Blue Shield of Texas Medical Director to obtain any information and medical records from the above physician/provider(s) necessary to make an informed decision concerning my request for Treatment in Progress (Transitional Care benefits)under the Medical Health Plan. I understand I am entitled to a copy of this Authorization Form.

DATE:	**SIGNED** (Patient or Guardian):
	RELATIONSHIP:

RETURN THIS FORM BY THE FOLLOWING METHODS

Behavioral Health Requests ONLY - - By Fax: 1-314-292-1191 (Attn: John Collison or Armida Chavez)

MEDICAL, SURGICAL, OR PREGNANCY REQUESTS:

By FAX to: **1 (866) 221-3607**

or

By MAIL to: Blue Cross and Blue Shield of Texas
Utilization Management
C/O Scottie Bradshaw, RN - Transitional Benefits
P.O. Box 833874
Richardson, TX 75083-3874

THANK YOU FOR YOUR COOPERATION IN COMPLETING THE ABOVE INFORMATION SO THAT WE MAY BETTER ASSIST YOU DURING THIS TRANSITION PERIOD.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association