BLUE CROSS AND BLUE SHIELD OF TEXAS
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: ( )

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)

☐ PREGNANCY? If yes, what is your e**stimated due date**? _____

☐ SURGERY CURRENTLY SCHEDULED? **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: MEMBER ID:

PROVIDER INFORMATION

PROVIDER:	PHONE: ( )
ADDRESS:	DATE OF LAST VISIT:
FACILITY:	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.

SIGNED (Patient or Guardian): _____

DATE: **RELATIONSHIP:**

RETURN THIS FORM BY THE FOLLOWING METHODS

Behavioral Health Requests ONLY - - **By Fax: 1-314-292-1191Attn: Eddie Guerrero or John Collison**

MEDICAL, SURGICAL, OR PREGNANCY REQUESTS:

By FAX To: **or**
1 (866) 221-3607

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