Transitional Care Request Behavioral Health



This form must be completed by the member and/or provider for any Blue Cross and Blue Shield of Illinois (BCBSIL) member receiving ongoing behavioral health care with an out-of-network provider.

Instructions: Please print legibly in black ink. Fax to BCBSIL at 877-361-7656, Attention: Transitional Care Request. BCBSIL Behavioral Health Member Services phone is 800-851-7498.

Insured's Name:		
Group Number:	Subscriber	ID:
Patient Information:		
Name:		DOB:
Address:		
Diagnosis/Treatment Plan:		
Eveneted completion data for this plan of corre-		
Expected completion date for this plan of care:		
Behavioral Health Provider Information		
Provider Name:		Licensure Type:
NPI#		
Phone:	Fax:	
Address:		
Provider Signature:		Date:

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