

Transitional Care Request Behavioral Health



BlueCrossBlueShield
of Oklahoma

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

Instructions: Please print legibly in black ink.
Fax to BCBSOK at 877-361-7660, Attention: Transitional Care Request.
BCBSOK Behavioral Health Member Services phone is 800-672-2378.

Insured's Name: _____
Group Number: _____ Subscriber ID: _____

Patient Information:

Name: _____ DOB: _____
Address: _____ Phone: _____

Diagnosis/Treatment Plan: _____

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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