

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: _____ 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:** _____