Blue Cross Community Options℠

FAX COVER SHEET

IMPORTANT: INCLUDE THIS COVERSHEET WITH FAXED MEMBER INFORMATION.
ONLY FAX ONE (1) MEMBER PER TRANSMISSION.

DATE:	**NUMBER OF PAGES (including coversheet):**

RECIPIENT:	**SENDER NAME:**
PHONE: FHP: 877-860-2837, ICP: 888-657-1211, MMAI: 877-723-7702 and MLTSS: 866-962-9814	**SENDER ORGANIZATION:**
	SENDER PHONE:
FAX: **Behavioral Health UM Requests Only:** 312-233-4099 **All other requests & documents:** 312-233-4060	**SENDER FAX:**
ATTN:	

PROVIDER NAME:	**MEMBER ID:**
MEMBER NAME:	**MEMBER GROUP:**
MEMBER DOB:	

IS MEMBER COORDINATED BY A PHYSICAL HEALTH PARTNER or A BEHAVIORAL HEALTH PARTNER?

Check: ☐ PHYSICAL *or* ☐ BEHAVIORAL

DOCUMENTS INCLUDED IN FAX TRANSMISSION:	CHECK IF INCLUDED
BACK-UP PLAN	
COMPREHENSIVE HEALTH RISK ASSESSEMENT (CHRA)	
CONSENT FORM	
CRITICAL INCIDENT FORM	
HEALTH RISK ASSESSMENT (HRA)	
INDIVIDUALIZED CARE PLAN	
INPATIENT ADMISSION REQUEST	
INTERDISCPLINARY CARE TEAM	
MEDICAL RECORD	
MEMBER LETTER	
RISK MITIGATION PLAN	
OUTPATIENT TREATMENT REQUEST (OTR)	
PARTICPANT OUTCOMES & STATUS MEASURES (POSM)	
POWER OF ATTORNEY FORM	
PRIMARY CARE PHYSICIAN CHANGE FORM	
PRIOR AUTHORIZATON REQUEST	
REFERRAL	
SATISFACTION SURVEY	
SERVICE PLAN	
OTHER (explain):	

Rev 4/1/17

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Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross Community Family Health Plan is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association.

Medicaid plan notice:

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