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CoverKids

# Population Health Management

Fax completed form to: **1-800-851-2491** or

E-mail form to: **DMScreeners\_GM2@bcbst.com**

For information and help not limited to following conditions: **1-888-416-3025**

Case Management Need(s) (Check all that apply):

- Chronic Condition Management
- Acute Health Need
- Transplant Management
- Weight Management
- Tobacco Cessation

Diagnosis: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Provider/NPI Number: \_\_\_\_\_

Provider Office Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_