



Provider Medical Discharge Summary

Please check line of business for this form:

- BlueAdvantage (PPO)SM BlueCare Plus (HMO SNP)SM CoverKids
 BlueCareSM TennCare*Select*

Member number: _____

Member name: _____

Member date of birth: _____

Member contact number: _____

Date discharge form submitted: _____

Authorization number related to discharge: _____

Provider name: _____

Provider phone: _____

Provider fax: _____

Level of care discharging from: _____

Discharge ICD-10 diagnosis codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Medical ICD-10 diagnosis codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Medications upon discharge:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Date of discharge: _____

Total amount of days/units used: _____

Type of discharge (routine, AMA, administrative):

PCP Name _____

PCP Phone Number _____ **PCP follow-up appointment date** _____

DME Provider Name _____

DME Provider Phone Number _____

DME Services Ordered _____

Home Health Agency Contact Name _____

Home Health Agency Contact Phone Number _____

Home Health Services Ordered _____

Appointments

(please include all follow-up care recommendations with provider contact information):

Contact name of person completing form: _____

Phone number of person completing form: _____

Fax pre-certification numbers:

BlueAdvantage: 1-888-535-5243

BlueCare Plus: 1-866-325-6698

Bluecare/TennCare*Select*: 1-800-292-5311

CoverKids: 1-800-851-2491

Customer service numbers:

BlueAdvantage: 1-800-841-7434

BlueCare Plus: 1-800-299-1407

BlueCare: 1-800-468-9736

TennCare*Select*: 1-800-276-1978

CoverKids: 1-800-924-7141



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