



## CareSmart<sup>®</sup> Population Health Management

Fax completed form to: **1-800-421-2885** 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: \_\_\_\_\_