



## Provision of Medically Related Services in a School Setting Request Form

**BlueCare/TennCareSelect**  
**Fax number 1-423-591-9395**

This child has an Individualized Education Plan (IEP) which lists related services that may be medically related.

### Member Information:

Member Name: \_\_\_\_\_ Member ID Number (if known) \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Diagnosis: **(List all)** \_\_\_\_\_

### School Information:

Please review for the provision of medically related services in a school setting and reply to:

Designated School Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Designated Provider Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name of Service	Name of Provider	Provider ID	Dates of Service
1.			To
2.			To
3.			To
4.			To
5.			To

**Please attach:**

1. A copy of the IEP
2. A copy of the signed TennCare<sup>SM</sup> Release of Information for the IEP form

Notification is not a confirmation of coverage or benefits. Benefits remain subject to all contract terms, benefit limitations, conditions, exclusions, and the patient's eligibility at the time services are rendered. This request may be subject to retrospective review.

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