



1 Cameron Hill Circle
 Chattanooga, TN 37402-0001
 bluecare.bcbst.com

BlueCareSM
 TennCareSelect

BlueCare Tennessee Member Unexpected Death Notification Form

Completion of form by BCT Staff Member Name/Phone #:		
BCT Staff Member Reviewing Supervisor Name/Phone #:		
In typing your name above, this signifies your e-signature.		
Member Information		
Member's Full Name:		
Region: <input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West <input type="checkbox"/> TennCareSelect <input type="checkbox"/> CHOICES <input type="checkbox"/> CoverKids	Member ID:	
Member SSN:	Member DOB:	
Member Age:	Member Address:	
Incident Information		
Incident Occurrence Date:	Incident Location:	
	<input type="checkbox"/> Home – Inside <input type="checkbox"/> Home – Outside <input type="checkbox"/> Vehicle <input type="checkbox"/> Day Program/Work/School <input type="checkbox"/> Community – Supervised <input type="checkbox"/> Hospital <input type="checkbox"/> Community – Unsupervised <input type="checkbox"/> Unknown <input type="checkbox"/> SNF	
Incident Address (if different than member address):		
What Category of Unexpected Death? Please check all that apply.		
<input type="checkbox"/> Accidental <input type="checkbox"/> Medical <input type="checkbox"/> Suicide <input type="checkbox"/> Mistreatment/Abuse/Neglect <input type="checkbox"/> Homicide <input type="checkbox"/> Suspicious		
Brief description of events surrounding death, (2-3 sentences) Please include relevant diagnosis.		
Provider Information		
Provider Involved (if applicable):		
Provider Address (if applicable):	Provider Phone# (if applicable):	
Service Type and Amount provided (if applicable):	BlueCross Provider # (if applicable):	
Reference Number (if applicable):	Diagnosis code (if applicable):	

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