BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 373402
bluecare.bcbst.com

BlueCare℠
TennCare*Select*

Best Practice Network PCP Medical Record Update

Type of Service

- ☐ Behavioral Health
- ☐ Dental
- ☐ Specialist
- ☐ Health Department

Patient Name: _____

Enrollee ID No.: _____

Consulting Provider Information Name:

Phone No. _____

Address: _____

Fax No.: _____

Patient Care Information

Date(s) of Visit(s): _____

Primary Diagnosis or ICD-10: _____

Secondary Diagnosis or ICD-10: _____

Diagnostic (including lab, imaging, etc.) and therapeutic services provided: _____

_____

Is the primary (referral) condition resolved? ☐ Yes ☐ No (If no, comment on treatment plan)

_____

Follow-up Care Date:

☐ This Office ☐ PCP ☐ Another Practitioner:

Recommendations/Comments: (Attach additional pages if necessary): _____

_____

_____

EPSDT Components

Please indicate if any of the following were performed

- ☐ Comprehensive Health and Developmental History
- ☐ Comprehensive Unclothed Physical Exam
- ☐ Health Education
- ☐ Vision Screening
- ☐ Hearing Screening
- ☐ Dental Screening and Referral

- ☐ Laboratory Tests *[please indicate lab test(s) conducted]*
- ☐ Hematocrit
- ☐ Blood Lead Level
- ☐ TB
- ☐ Other *(please indicate)*

- ☐ Immunizations *[please check any given]*
  - ☐ HepB
  - ☐ DTaP
  - ☐ HIB
  - ☐ IPV
  - ☐ PCV
  - ☐ MMR
  - ☐ VZV
  - ☐ HepA
  - ☐ Other

Mail or fax to Primary Care Practitioner at:
(Please Print)

Name: _____

Address: _____

_____

_____

Fax No.: _____

Reviewed by PCP (Initial) _____

INSTRUCTIONS

Participation in the Best Practice Network (BPN) requires that the BPN PCP maintain all the health records of the BPN member (medical and behavioral), regardless of where care is provided. The BPN PCP Medical Record Update form may be used to facilitate this comprehensive medical record.

The form should be completed by Behavioral Health Providers, Dentists, Medical Specialists and Health Departments whenever they see a BPN Member and forwarded to the BPN PCP shown on the member's ID card. Communication of information to the PCP could be either through the use of this form or through the use of a letter that contains all of the requested information on the BPN PCP Medical Record Update.

Note: Best Practice Network (BPN) requires that the PCP initial this BPN PCP Medical Record Update form as confirmation of review.

Type of Service Enter a check mark beside the appropriate service type.

Patient Name: Provide us with the name shown on the ID card.

Enrollee ID Number: Indicate the TennCare℠ ID number of the patient.

Consulting Provider Information Your name, address, telephone and fax number.

Patient Care Information Provide all dates of service, primary and secondary diagnosis, any treatment and/or diagnostic labs obtained; whether or not there was a resolution of care; follow-up visits indicated with you, another consultant/specialist or PCP.

EPSDT Screening Components Indicate with a check mark any of the screenings performed at this visit for the patient.

Form must be faxed or mailed to PCP at initial visit of patient and post discharge of patient.

BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bluecare.bcbst.com

BlueCare Tennessee and BlueCare, Independent Licensees of the BlueCross BlueShield Association
BCT-157 (11/15)