

# Transitional Care Request Behavioral Health



This form must be completed by the member and/or provider for any Blue Cross and Blue Shield of Oklahoma (BCBSOK) member receiving ongoing behavioral health care with an out-of-network provider.

Instructions: Please print legibly in black ink.  
Fax to BCBSOK at 877-361-7660, Attention: Transitional Care Request.  
BCBSOK Behavioral Health Member Services phone is 800-672-2378.

**Insured's Name:** \_\_\_\_\_  
Group Number: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis/Treatment Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected completion date for this plan of care: \_\_\_\_\_

**Behavioral Health Provider Information**

Provider Name: \_\_\_\_\_ Licensure Type: \_\_\_\_\_  
NPI# \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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