



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.

**Please use as digital fillable form or 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

Diagnosis code(s):
Current Procedural Terminology (CPT®) code(s):
Expected completion date for this plan of care:

Behavioral Health Provider Information *(Please Print)*

Name:	Licensure Type:
NPI#:	Tax ID#:
Address:	Phone:
	Fax:

Provider Signature: _____ **Date:** _____