

# Blue Cross & Blue Shield of Rhode Island Care Coordination Referral

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

BCBSRI #: \_\_\_\_\_

Current Tel #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## Referral Reason/Problem or Issue:

- Complex or chronic medical conditions/behavioral conditions with poor self-management
- Medication adherence/knowledge deficit
- Two or more recent hospitalizations or ER visits
- Need to make healthy behavior changes such as increasing exercise or improving nutrition for optimal wellness
- Social or environmental barriers that prevent an optimal level of wellness
- Other \_\_\_\_\_  
\_\_\_\_\_

Primary Issue/Goal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Tel # \_\_\_\_\_

Would you like to be contacted for updates?  Yes  No

***Fax to (401) 459-5804 to the attention of Triage Team.  
Questions? Call the Triage Team at (401) 459-2273 or  
1-800-637-3718 x 2273.***



www.BCBSRI.com

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