



# Provider Discharge Form

**Please check line of business for this form:**

- BlueAdvantage (PPO)<sup>SM</sup>       BlueCare Plus (HMO SNP)<sup>SM</sup>       CoverKids<sup>SM</sup>  
 BlueCare<sup>SM</sup>       TennCare*Select*

**Member number:** \_\_\_\_\_

Member name: \_\_\_\_\_

Member date of birth: \_\_\_\_\_

Member contact number: \_\_\_\_\_

**Date discharge form submitted:** \_\_\_\_\_

**Authorization number related to discharge:** \_\_\_\_\_

**Provider name:** \_\_\_\_\_

Provider phone: \_\_\_\_\_

Provider fax: \_\_\_\_\_

**Level of care discharging from:** \_\_\_\_\_

**Discharge ICD-10 diagnosis codes:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Medical ICD-10 diagnosis codes:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Medications upon discharge:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**Date of discharge:** \_\_\_\_\_

**Total amount of days/units used:** \_\_\_\_\_

**Type of discharge (routine, AMA, administrative):**

**PCP Name** \_\_\_\_\_

**PCP Phone Number** \_\_\_\_\_ **PCP follow-up appointment date** \_\_\_\_\_

**Appointments**

(please include all follow-up care recommendations with provider contact information):

**Contact name of person completing form:** \_\_\_\_\_

Phone number of person completing form: \_\_\_\_\_

**Fax pre-certification numbers:**

BlueAdvantage: 1-888-535-5243

BlueCare Plus: 1-866-325-6698

Bluecare/TennCare*Select*: 1-800-292-5311

CoverKids: 1-800-851-2491

**Customer service numbers:**

BlueAdvantage: 1-800-841-7434

BlueCare Plus: 1-800-299-1407

BlueCare: 1-800-468-9736

TennCare*Select*: 1-800-276-1978

CoverKids: 1-800-924-7141



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19PED517222 (4/19)