BlueCare Tennessee

BlueCare℠
TennCare*Select*

BlueCare Tennessee Member Unexpected Death Notification Form

Email completed forms to **BlueCareQOC@bcbst.com**. If email isn't available, you may fax it to us at **1-855-339-3022**.

Member Information

Member's Full Name: _____

Member's Date of Birth: _____/_____ /_____ Member ID Card Number: _____

Member SSN: _____ Member Age: _____

Member's Address: _____

State: _____ Zip Code: _____

Region:

☐ East ☐ Middle ☐ West ☐ TennCare*Select* ☐ CHOICES ☐ CoverKids

Incident Information

Incident Occurrence Date (Date of Death): _____ / _____ / _____

Incident Address (if different than member address): _____

State: _____ Zip Code: _____

Incident Location:

☐ Home – Inside
☐ Home – Outside
☐ Hospital
☐ Day Program/Work/School
☐ Community – Supervised
☐ Community – Unsupervised
☐ SNF
☐ Vehicle
☐ Unknown

What Category of Unexpected Death? Please check all that apply.

☐ Accidental ☐ Medical ☐ Suicide ☐ Mistreatment/Abuse/Neglect ☐ Homicide ☐ Suspicious

Describe the events surrounding the death (2-3 sentences). Please include the relevant diagnosis.

Continued on next page

Provider Information

Provider Name: _____

Provider Address: _____

State: _____ Zip Code: _____ Provider Phone #:_____

Service Type and Amount provided (if applicable):_____

BlueCross Provider #: _____ Reference Number (if applicable): _____

Diagnosis Code (if applicable): _____

Typing your name below signifies your e-signature.

Completion of Form by Provider Staff Member:

Name: _____ Phone: _____ Date: _____/_____/_____

Name of the Provider Reviewing Supervisor:

Name: _____ Phone: _____ Date: _____/_____/_____