

Health Care Services Referral Form

To refer a patient (who is a BlueCross BlueShield of Western New York member) to our health coaching service, disease management, case management, or Care at HomeSM program, please complete this form and fax to (716) 887-7913. One of our health care professionals will contact your patient.

PATIENT INFORMATION

Patient name: _____

BlueCross BlueShield ID number: _____

Date of birth: _____ Phone number: _____

Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Diagnosis: _____

REFERRAL SOURCE

Referring provider: _____

Provider contact (name/number): _____

REFERRAL REASON

Health Coaching

Reinforcement and management of healthy lifestyle choices

- Smoking cessation
- Weight-loss
- Nutrition
- Physical activity
- Stress management
- BP/cholesterol regulation

Disease Management

Educational support related to hospitalizations, new diagnoses, and new medications of the following conditions:

- COPD
- Diabetes
- Cardiac/CHF/CAD/HTN
- Asthma
- OSA
- New CPAP/BiPap
- New spine injuries
- Holistic Health Program
- New diagnosis of osteoarthritis hip/knee

Case Management

Educational support and coordination of care related to multiple complex conditions and high utilization

- Multiple admissions
- Multiple ER
- High risk of exacerbation
- Adherence issues
- Declining functional status
- Behavioral health issues
- Palliative need
- Psychosocial needs
- Hip and knee surgery scheduled
- HIV/AIDS

Care at Home

(Medicare Advantage plans only)
In-home service program for chronically ill members

- 6 or more chronic conditions
- Multiple admissions
- Multiple ER visits
- Homebound status
- Care at Home

If available, please include all relevant medical records with referral (e.g., current medications, most recent lab results, chronic problems list, last history, and physical or visit notes).

Fax completed form to (716) 887-7913.

