



**BlueCross BlueShield of Tennessee**

An Independent Licensee of the BlueCross BlueShield Association

-- CONFIDENTIAL--

## CareSmart: Diabetes Disease Management Program

Fax completed form to 1-800-421-2885.

For information about the program, call 1-888-416-3025

### Referral Information (Please Print)

Date of Referral: \_\_\_\_\_

Place of Referral: (check one)  PCP Office  Specialist  ER  Other

Referring Practitioner's Name: \_\_\_\_\_

Practitioner Number: \_\_\_\_\_ Phone #: \_\_\_\_\_ FAX \_\_\_\_\_

Preferred Education Option (setting):  Home Health  Public Health Dept

(Choose One) Pharmacist  PCP Office  Hospital-based  No Preference

### Member Information

Member Name \_\_\_\_\_  
Last First

Member ID Number: \_\_\_\_\_ Work Phone or Other: \_\_\_\_\_

Current Member Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Work or Other Phone: \_\_\_\_\_

### Primary Diagnosis & Code/Reference number

Primary Diagnosis and Code (s) \_\_\_\_\_

Reference number: \_\_\_\_\_  Initial request  Subsequent request

Number of visits: \_\_\_\_\_ Dates of service \_\_\_\_\_ - \_\_\_\_\_

Disease Management Specialist \_\_\_\_\_ Ext. \_\_\_\_\_

### Diabetes Lab Results

	Date	Result
FBS		
HgbA <sub>1c</sub>		
Microalbumin		
Cholesterol		
LDL		
HDL		

### Practitioner's Orders

- ENROLL IN CARESMART: DIABETES PROGRAM.
- DISEASE/CASE MANAGEMENT FOR ANY DIABETES-RELATED CONDITION
- PROVIDE QUALITY SCREENING PROFILES

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner's Name (Please Print)

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