of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Commercial

Behavioral Health Discharge Clinical Form

Please fill out this form and fax it to us at 1-800-496-9600.

Patient Name: _____ BlueCross Member ID#: _____

Admit Date: _____ Discharge Date (per provider): _____

Length of Stay: _____ Was this AMA? _____

Discharge Level of Care (LOC):

☐ Outpatient (O/P) _____

☐ Residential Treatment Center (RTC) _____

☐ Intensive Outpatient Program (IOP) _____

Discharge Residence:

☐ Home
☐ Facility
☐ Incarcerated

Intake/Therapy Provider: _____

Appointment Date: _____ Time: _____

Medication Management Provider: _____

Appointment Date: _____ Time: _____

Discharge Medications: (List medication name, dose and frequency):

Medication Name	Dose	Frequency

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association