Blue Advantage
A Medicare Approved PPO

Serious Illness
CARE PROGRAM
Support for Providers

SERIOUS ILLNESS CARE PROGRAM PATIENT REFERRAL FORM

Note: All fields must be completed for the referral to be processed.

Patient information

Name *(First, Middle, Last)*:			Date:
Contract ID:	Sex:		Date of Birth:
Street Address:			
City:	State:		Zip:
Home Phone:	Cell Phone:	Email:	
Caregiver Name *(If applicable)*:			Caregiver Phone:

Diagnosis *(Choose applicable diagnosis)*:

☐ Chronic Heart Failure (Stages 3 and 4) ☐ Chronic Obstructive Pulmonary Disease (Stage 4) ☐ Dementia

☐ ESRD (Dialysis Patients Only) ☐ Metastatic Cancer ☐ Other (Please specify):

Referring Provider Information

Referring Provider Name:	Specialty:
Nurse/Office Contact Name:	Phone:
Provider ID:	Provider NPI:

Referral Reason

Submission Instructions

Fax the signed and completed form to: **205-220-9885**

Blue Advantage® PPO is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.