



**BlueCross BlueShield  
of Tennessee**

801 Pine Street  
Chattanooga, Tennessee 37402-2555

*www.bcbst.com*

**CONFIDENTIAL**

## **Value Based Reimbursement Pilot Enrollment Form**

**BlueCross BlueShield of Tennessee Care Coordinator**

**Fax Phone Number 423-752-6475**

**Telephone Number 1-800-924-7141**

*(Callers will need to select Commercial Prior Authorizations)*

**Date:** \_\_\_\_\_

**Managing Provider Name:** \_\_\_\_\_

**Provider Number:** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_

**Patient e-mail address:** \_\_\_\_\_

**Patient ID:** \_\_\_\_\_ **Patient phone:** \_\_\_\_\_

**Anticipated Date of Service:** \_\_\_\_\_ **Date of Last Office Visit:** \_\_\_\_\_

**Appropriate Diagnosis and ICD-9 code:** \_\_\_\_\_

**Prescribed Medications and Dosage for Treatment of Diabetes, Hypertension and/or Congestive Heart Failure:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of last flu Vaccine:** \_\_\_\_\_

Please check the appropriate condition(s) for this patient.

☐ **Diabetes**      ☐ **Congestive Heart Failure**      ☐ **Hypertension**

**Provide applicable values**

☐ Last Blood Pressure \_\_\_\_\_ Date: \_\_\_\_\_

☐ Last LDL Level \_\_\_\_\_ Date: \_\_\_\_\_

☐ Last HbA1c Level \_\_\_\_\_ Date: \_\_\_\_\_

Note: Final reimbursement determinations are based on member eligibility at the time of service, medical necessity, applicable member copayments, coinsurance, and deductibles, benefit plan exclusions/limitations, authorization/referral requirements and BlueCross BlueShield of Tennessee Medical Policy.

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