



BlueCross BlueShield of Oklahoma

Coordination of Care Form

Blue Cross and Blue Shield of Oklahoma continually strives to promote coordination of member care between medical and behavioral health providers. However, we understand that one of the most difficult challenges for providers today is communicating with other providers regarding a patient's treatment to ensure care is appropriately coordinated. In order to assist you in the process, we are making available to you the Coordination of Care Form which can be an optional tool in your practice if you do not already have an effective method of communication.

This form is in PDF format and may not open properly if you do not have this program available to you. Click on this link to download the application: <http://get.adobe.com/reader/>

This form can be used to:

- Provide member treatment information to another treating provider
- Request member treatment information from another treating provider

Helpful Hint:

If you are requesting information from another provider, we suggest completing the Patient Information and Referring Provider sections on the Coordination of Care Form in order to expedite the process for the receiving provider.

Please Remember:

It is important at the onset of treatment to obtain a written release to share clinical information with the member's medical provider(s). Be sure to keep this in mind and follow the applicable state regulations regarding the release of protected health information (PHI) and sensitive personal information (SPI).

We hope this form will be useful to you in coordinating member care.



Patient Information	
Patient's Name	Patient's Date of Birth (MM/DD/YYYY)
Member Identification Number	
Provider Information	
Name of Provider	Address
Telephone Number	Fax Number
Clinical Information	
Treatment Date(s):	Next Appointment Date (MM/DD/YYYY)
Diagnosis/Medications	
Presenting Symptoms	
Treatment Plan/ Recommendation	
Additional Comments	

Provider Signature

Date