



This form must be completed by the member and/or provider for any Blue Cross and Blue Shield of Montana (BCBSMT) member receiving ongoing behavioral health care with an out-of-network provider.

Instructions: Please print legibly in black ink. Fax to BCBSMT at 855-649-9681. Attention: Transitional Care Request. BCBSMT Behavioral Health Member Services phone is 855-313-8909.

Insured's Name: _____

Group Number: _____ Subscriber ID: _____

Patient Information:

Name: _____ DOB: _____

Address: _____ Phone: _____

Diagnosis/Treatment Plan: _____

Expected completion date for this plan of care: _____

Behavioral Health Provider Information (Please Print)

Provider Name: _____ Licensure Type: _____

NPI# _____

Phone: _____

Fax: _____

Address: _____

Provider Signature: _____ Date: _____