



## Transitional Care Request Behavioral Health

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

**Please use as digital fillable form or print legibly in black ink.  
Fax to BCBSNM at 877-361-7659. Attention: Transitional Care Request.  
BCBSNM Behavioral Health Member Services phone is 888-898-0070.**

Insured's Name:	
Group Number:	Subscriber ID:

**Patient Information**

Name:	DOB:
Address:	Phone:

**Diagnosis/Treatment Plan**

Diagnosis code(s):
Current Procedural Terminology (CPT®) code(s):
Expected completion date for this plan of care:

**Behavioral Health Provider Information** *(Please Print)*

Name:	Licensure Type:
NPI#:	Tax ID#:
Address:	Phone:
	Fax:

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_