

Care Management Referral Form

email: [bscliaison@optum.com](mailto:bscliaison@optum.com)

fax: (877) 280-0179

**Referral Source**

Source of referral:  Member/Self  Provider  Blue Shield

Contact Name (required)

Provider's Name (if applicable)

Phone (required) (  )

Email (optional)

**Member**

First Name (required)

Last Name (required)

Member ID (required)  Phone (required) (  )

Date Of Birth (required)  /  /  Gender (required)  Male  Female

Address (optional)

City (optional)  State  Zip

**Program**

- Shield Support (care management)
- Prenatal
- Kidney Care

**Comments**

*Thank you for your referral*