Promise Health Plan

Community Supports (CS) Request Form

To Submit Referrals or Questions, Send a Secured Email:
Los Angeles County: LACommunitySupports@blueshieldca.com
San Diego County: SDCommunitySupports@blueshieldca.com

Request Type:
☐ URGENT ☐ ROUTINE

I. MEMBER INFORMATION

PRIMARY LANGUAGE SPOKEN: **Gender:**
Other Language: **Member Consented to Referral:**

Last Name: ____________________ First Name: ____________________ MI: __________ DOB: ____________

BSC ID: ____________________ CIN #: ____________________ BSC Plan/Coverage: ____________________

Address: ______________________________ Apt/Unit: __________

City: ____________________ Zip Code: ______________ Phone #(s): ______________________

II. REQUESTOR INFORMATION

Date of Request: __________ **Requestor Name:** ______________________________

Requestor Phone #: ______________ **Requestor Fax #:** ______________ **BSC Promise ECM Provider?:** ________

Requestor Agency/Provider Group: ________________________ **Requester Email:** ____________________

III. COMMUNITY SUPPORT SERVICE(S) REQUESTED

***For Home Modification and Housing Deposits:** Request is incomplete without providing itemized list of requested services. Request must include specific amount(s)

CS Type Requested	Requested Start Date	End Date (if applicable)	HCPC Codes (if applicable)	Requested Duration (if applicable)

Diagnosis(es) Code(s)

Diagnosis Description(s)

Reason for Referral

IV. FOR BSCPHP USE ONLY: Blue Shield Promise CS Request Decision:

☐ **APPROVED** **Auth Start Date:** __________ **Auth End Date:** __________ **Total Amount Approved:** __________ **Auth #:** ______________

☐ **DENIED** **Denial Reason:** __________ **Narrative:**

☐ **REQUEST RESCINDED** **Rescind Reason:** **Other:**

Reviewer's Name: **Signature:** **Date Reviewed/Decisioned:**

BSCPHP USE ONLY: Member Eligibility verified as of: ________________________

THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE.
Payment will NOT be made for unauthorized services.

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.