

Behavioral Health Care Management Referral Form

Thank you for referring your patients with Blue Shield of California Individual Medicare Advantage plan (HMO) coverage. We want to partner with you to provide them with access to high-quality and affordable behavioral health services.

Please first confirm the member's coverage, then send the referral to the right Behavioral Health Care Management team:

Refer Blue Shield TotalDual Plan (HMO D-SNP), Blue Shield Inspire (HMO D-SNP) or Blue Shield Coordinated Choice Plan (HMO) members to:

email: DSNPorCCmentalhealth@blueshieldca.com

Fax: (619) 219-3320

OR

Refer all other Individual Medicare Advantage Prescription Drug Plan (HMO) members to:

email: IMAPDmentalhealth@blueshieldca.com

Fax: (916) 350-6095

* Required information fields

Referral Source

Contact name*

Referring practitioner's name*

Phone*

Email*

Member Information

First Name*

Last name*

Blue Shield Member ID*

Date of Birth*

Phone*

Gender*

Male

Female

Non-binary

Address (optional)

City

State

ZIP code

Reason for referral:*