

Behavioral Health Treatment Data Sharing Form

Once complete, please fax to **1-800-505-1193, Attn: Behavioral Health Care Management Department**. This form will be forwarded to the member's primary medical provider by an Anthem Blue Cross and Blue Shield (Anthem) Associate after appropriate consent has been obtained.

Member name:	Recipient Identification Number:
Member address:	Member telephone number:
Primary medical provider:	Primary medical provider telephone (if available)
Date of initial visit:	Initial diagnosis:
Is this member at imminent risk of hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was a crisis plan established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of initial visit:	
Significant findings from assessment:	
Medications taken or prescribed:	
Other relevant information:	
Treatment requested*:	
Provider name:	Service address:
Provider NPI number:	
Facility/Group name:	Telephone number:
Facility NPI number:	Provider facsimile number:
Date of submission:	
Consent obtained to release information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Any services other than routine outpatient treatment require specific authorization (i.e. psychological testing)**

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