Florida Blue
Your Health Solutions Partner

Commercial Clinical Care Programs Referral Form for Providers

Florida Blue's multidisciplinary clinical care team assists members with health care needs at no additional cost as part of their health plan coverage. Individuals with complex or chronic health conditions may benefit from one of our Clinical Care Programs, which include case management and disease management. As part of these programs, our nurses can also help identify community resources to assist members and their families.

Please complete the information below, and submit the form via email, fax, or ProviderVista to the appropriate member area (Florida Blue Care Management or FEP). Florida Blue Clinical Care will contact you to acknowledge receipt of the referral. For more information, call one of the numbers listed above.

Referral Date: _____

Member Demographic Information (All Fields Required):		
Patient Last Name	**Patient First Name**	**Member ID Number**
Date of Birth	**Preferred Language**	**Preferred Pronouns (If Known)**
Member Primary Phone Number	**Member Primary Phone Number Type**	**Member Alternate Phone Number**
	☐ Home ☐ Mobile	
Referring Physician or Provider Name		**National Provider Identifier (NPI) Number**
Phone Number (Referring Physician or Provider)		**Fax Number (Referring Physician or Provider)**
Is patient aware of this referral? ☐ Yes ☐ No		Did patient consent to this referral? ☐ Yes ☐ No

Referral Reason and Details (All Fields Required):	
Current or Primary Diagnosis	**Reason for Referral**
Physician(s) Managing Care	**History**
Physician(s) Phone Number(s)	**Date of Most Recent Office Visit**
Primary Care Physician	**Primary Care Physician Phone Number**	**Primary Care Physician NPI Number**

For Inpatient Referrals Only:	
Facility Contact	**Anticipated or Actual Discharge Date**
Discharge Plans and Barriers	