



Behavioral Health Care Management Referral Form

Please complete the form below and email your referral for a Blue Shield of California plan member:

- Commercial HMO or PPO plan members: CommercialBHCM@blueshieldca.com
- Medicare Advantage HMO or PPO plan members: IMAPDmentalhealth@blueshieldca.com
- Blue Shield TotalDual Plan (HMO D-SNP) plan members: DSNPmentalhealth@blueshieldca.com

Member was informed that they will receive a call from a Blue Shield of California Care Manager

Member information

First name:		Last Name:	
Subscriber ID number:		Date of birth:	
Street address:			
City:	State:	ZIP code:	
Phone:		Member's preferred language:	
Member's preferred contact date and time:			

Referral information

Referral type:	Maternal mental health	Other mental health/substance use condition
Referral reason:		
Name of vendor/agency/healthcare provider:		Name of person submitting referral:
Title of person submitting referral:		Phone number of person submitting referral:

For questions or more information, call Blue Shield Behavioral Health Services at (877) 263-9952 (TTY: 711), available from 8 a.m. to 5 p.m. PT, seven days a week.