



Healthy Blue



Attachment Form A2: Hospital Notification Of Transplant Admission Form

From: Name: Institution: Phone #: Fax #:

Patient name: Patient ID: DOB: Referring plan:

Note: Please complete a separate Hospital Notification of Transplant Admission Form for each transplant.

Solid Organ Transplant Solid organ type: Diagnosis: Initial transplant: Inpatient admission date: Healthy Blue CME dates:

Bone Marrow/Stem Cell Transplant Diagnosis: Check all that apply: Mobilization therapy date(s): Marrow/stem cell harvesting date(s): Marrow ablative therapy date(s): Reinfusion/transplant date(s): Healthy Blue CME dates:

https://provider.healthybluene.com

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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