



Healthy Blue



Attachment Form B: Patient Discharge Care Notification Form

Date:			
Patient name:		ID number:	
Referring plan:			
Date of transplant:		Type of transplant:	
CME dates from:		to:	
Institution:		Date of discharge:	

Hospital		Referring plan	
Signature:		Signature:	
Print name:		Print name:	
Title:		Title:	
Date:		Date:	

After completing this form: Fax one copy to the Referring or Transplant Coordinator to **1-844-430-6801**. Keep one copy for your records.

<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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