



**Attachment Form B:
Patient Discharge Care Notification Form**

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to MMC and CHPlus programs only.

Date:			
Patient name:		ID number:	
Referring plan:			
Date of transplant:		Type of transplant:	
CME dates:		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 at **1-844-430-6801**. Refer to the *Referring and Servicing Contact List* in the Procedure Manual. Keep one copy for your records.

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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