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:		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.

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

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