

Condition Care Program Referral Form

Thank you for referring your patient(s) to our program. All information contained on this form is strictly confidential and may become part of your patient's record.

Referring physician information		
Referring physician name:		
Referring physician phone:	Referring physician email:	
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See condition care [CNDC] eligible conditions):	Reason for referral:	
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See CNDC eligible conditions):	Reason for referral:	
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See CNDC eligible conditions):	Reason for referral:	
Any additional details:		

Please email this form to Condition-Care-Provider-Referrals@healthybluemo.com by secure email. For more information about the Condition Care Program, visit our website [here](#).

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.

MOHB-CD-013225-22-CPN12519 December 2022