

Request for Personal Representative

Instructions: To ask for a Personal Representative, please fill out the information below, sign and print at the bottom of the form and return to:

BlueCare Plus
1 Cameron Hill Circle, Suite 0039
Chattanooga, TN 37402

Fax: (888)-725-6849

Please print clearly.

New Request Change Request

Member Information:

Subscriber Name: _____

Medicare #: _____ Date of Birth: _____ / _____ / _____

Telephone #: (_____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 1 _____

***DO NOT complete if you do not want to assign a personal representative.**

I, _____, give permission for _____ to be
(NAME) (PERSONAL REPRESENTATIVE)

my personal representative. I understand they will be able to speak to BlueCare Plus and its business associates about my Protected Health Information (PHI). I also understand that that they might be able to see personal information about me, like any services I've received for mental health and/or substance abuse.

NOTE: This request will stay in effect until the member or his/her legal representative notifies BlueCare Plus in writing asking for a change.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecareplus.bcbst.com

Representative Information: (required for privacy verification purposes)

Name (Last, First, MI): _____

Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Relationship to the member: _____

Email: _____

NOTE: If the representative is court ordered or has another legal designation (examples: power of attorney, living will, executor or administrator of probate estate), you must attach/include a copy of the official document(s) if not already supplied. If you are a documented legal representative, you may make this request and sign this form below for the member.

Section 2 _____

We also may need to share your PHI with members of your Interdisciplinary Care Team (ICT).
By checking this box, you are giving your permission for BlueCare Plus to share your PHI with members of your ICT.

Signature of Member / Requestor: _____

Printed Name: _____

Date : _____ / _____ / _____
 MM DD YYYY

Note: Email communications are not secure. By providing your email address, you understand that others may intercept information included in emails. BlueCare Plus is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus depends on contract renewal.