Enhanced Monitoring Program Request

Please complete the form below to submit a request for Enhanced Monitoring for your patient.
Return the completed form to your Local Care Coordinator so a request can be submitted.

Form Type:

New Request: ☑ Updated Request: ☐

Requesting PCP Information:

*First Name	*Last Name	*Title
*Phone Number	*Fax	*Email

Member Information:

*First Name	*Last Name
*Member ID	*Member DOB

Is the member's medication list attached?

☐ Yes (Preferred) ☐ No

Member Condition(s)

Check all that apply:	If multiple conditions, select one primary:	Requested Device(s): (Check all that apply)
☐ Chronic Obstructive Pulmonary Disease ☐ Congestive Heart Failure ☐ Diabetes ☐ Hypertension ☐ Chronic Kidney Disease Stage 1 ☐ Chronic Kidney Disease Stage 2	☐ Chronic Obstructive Pulmonary Disease ☐ Congestive Heart Failure ☐ Diabetes ☐ Hypertension ☐ Chronic Kidney Disease Stage 1 ☐ Chronic Kidney Disease Stage 2	☐ Blood Pressure Monitor ☐ Glucose Monitor ☐ Pulse Oximeter ☐ Scale

Chronic Kidney Disease Pilot:

Condition:	Primary Condition: (Check one)	Devices:
☐ Chronic Kidney Disease Stage 1 ☐ Chronic Kidney Disease Stage 2	☐ Diabetes ☐ Hypertension	☐ Blood Pressure Monitor ☐ Glucose Monitor

*Preferred Language:

☐ English ☐ Spanish

Customized Alert Parameters (optional):

For timely processing, all required fields must be filled out at time of submission.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.