

## 2026 Post-Hospitalization Physician Visit Form

We've included a form for you to fill out, sign and date after your visit with your provider.

### INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage  
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

### COMPLETE THE INFORMATION BELOW

Member Name

Member ID

Member Date of Birth

Member Signature

Hospital Admission Date

Hospital Discharge Date

Provider Appointment Date

Name of Office Staff Member Completing Form

Practice Name

Name of Provider

Provider Phone

Provider Address

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage DSNP Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.