

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	
<ul style="list-style-type: none"> ■ 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	

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